## Case 16-00578 Doc 1 Filed 01/08/16 Entered 01/08/16 15:19:18 Desc Main Document Page 1 of 54

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | =                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

B 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |   |   |
|-----|---|---|---|
|     |   | About Debtor 1:                                 | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Justin First name  R Middle name                | First name  Middle name                       |
|     | Bring your picture identification to your meeting with the trustee.   | Frosch Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years   |   |   |
|     | Include your married or maiden names.   |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-8533                                     |   |

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Debtor 1 Justin R Frosch

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 5685 North Goodman Street, Apt. 2   | If Debtor 2 lives at a different address:  |
|    |  | Chicago, IL 60630  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |  | Cook  |  |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 5. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any                                    | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other                     |
|    |  | other district.   | district.  |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |  |   |  |

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Case number (if known) Debtor 1 Justin R Frosch

| ar  | Tell the Court About  | Your Ba   | nkruptcy Ca    | ise                                |  |                               |                       |                       |
|-----|---|---|----------------|------------------------------------|--|-------------------------------|-----------------------|-----------------------|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                |                                    |  |                               |                       |                       |
|     | choosing to file under  | ■ Chapter 7   |                |                                    |  |                               |                       |                       |
|     |   | ☐ Ch  | apter 11       |                                    |  |                               |                       |                       |
|     |   | ☐ Ch  | apter 12       |                                    |  |                               |                       |                       |
|     |   | ☐ Ch  | apter 13       |                                    |  |                               |                       |                       |
|     |   |   |                |                                    |  |                               |                       |                       |
| 3.  | How you will pay the fee  |   | about how yo   | ou may pay. Typ<br>attorney is sub | en I file my petition. Please<br>pically, if you are paying the<br>mitting your payment on you | fee yourself, you may pay     | with cash, cashier's  | s check, or money     |
|     |   |   |                |                                    | tallments. If you choose this ts (Official Form 103A).   | s option, sign and attach th  | ne Application for In | dividuals to Pay      |
|     |   |   | but is not req | uired to, waive                    | aived (You may request this your fee, and may do so onlind you are unable to pay the           | y if your income is less that | an 150% of the offici | ial poverty line that |
|     |   |   |                |                                    | Chapter 7 Filing Fee Waived  |                               |                       |                       |
| ).  | Have you filed for bankruptcy within the  | ■ No.   |                |                                    |  |                               |                       |                       |
|     | last 8 years?   | ☐ Yes   |                |                                    |  | _                             |                       |                       |
|     |   |   | District       |                                    |  |                               |                       |                       |
|     |   |   | District       |                                    | When   |                               | number                |                       |
|     |   |   | District       |                                    | When   | Case                          | number                |                       |
| 10. | Are any bankruptcy cases pending or being   | ■ No  |                |                                    |  |                               |                       |                       |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes   | S.             |                                    |  |                               |                       |                       |
|     |   |   | Debtor         |                                    |  | Relatio                       | onship to you         |                       |
|     |   |   | District       |                                    | When   | Case n                        | number, if known      |                       |
|     |   |   | Debtor         | -                                  |  | Relatio                       | onship to you         |                       |
|     |   |   | District       |                                    | When   | Case n                        | number, if known _    |                       |
| 11. | Do you rent your residence?   | ■ No.   | Go to I        | ine 12.                            |  |                               |                       |                       |
|     |   | ☐ Yes   | s. Has yo      | our landlord obt                   | ained an eviction judgment a   | against you and do you wa     | nt to stay in your re | sidence?              |
|     |   |   |                | No. Go to line                     | 12.  |                               |                       |                       |
|     |   |   |                | Yes. Fill out Inbankruptcy pe      | nitial Statement About an Evi<br>etition.  | ction Judgment Against Yo     | ou (Form 101A) and    | d file it with this   |
|     |   |   |                |                                    |  |                               |                       |                       |

| Deb  | Case 16-0   | 00578              | Doc 1               | Filed 01/08/16<br>Document                             | Entered 01/08/16 15:19:18 Page 4 of 54 Case number (if known)  | Desc Main                           |
|------|---|--------------------|---------------------|--|--|-------------------------------------|
| Part | Report About Any Bu   | ısinesses          | You Own as          | s a Sole Proprietor                                    |  |                                     |
| 2.   | Are you a sole proprietor of any full- or part-time business?   | ■ No.              | Go to Pa            | art 4.   |  |                                     |
|      |   | ☐ Yes.             | Name ar             | nd location of business                                |  |                                     |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                    | Name of             | business, if any                                       |  |                                     |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                    | Number,             | Street, City, State & ZIP                              | Code   |                                     |
|      | it to this petition.  |                    | Check th            | ne appropriate box to des                              | cribe your business:   |                                     |
|      |   |                    | □ +                 | Health Care Business (as                               | defined in 11 U.S.C. § 101(27A))   |                                     |
|      |   |                    |                     | Single Asset Real Estate                               | (as defined in 11 U.S.C. § 101(51B))   |                                     |
|      |   |                    |                     | Stockbroker (as defined in                             | n 11 U.S.C. § 101(53A))  |                                     |
|      |   |                    |                     | Commodity Broker (as de                                | fined in 11 U.S.C. § 101(6))   |                                     |
|      |   |                    | □ N                 | None of the above                                      |  |                                     |
| 3.   | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline operation | s. If you indic     | cate that you are a small in statement, and federal in | ust know whether you are a small business de<br>business debtor, you must attach your most re<br>acome tax return or if any of these documents | ecent balance sheet, statement of   |
|      | For a definition of small   | ■ No.              | I am not            | filing under Chapter 11.                               |  |                                     |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.              | I am filin<br>Code. | g under Chapter 11, but I                              | am NOT a small business debtor according t   | to the definition in the Bankruptcy |
|      |   | ☐ Yes.             | I am filin          | g under Chapter 11 and I                               | am a small business debtor according to the  | definition in the Bankruptcy Code.  |
| art  | 4: Report if You Own or   | · Have Any         | / Hazardous         | Property or Any Prope                                  | rty That Needs Immediate Attention   |                                     |
| 4.   | Do you own or have any property that poses or is  | ■ No.              |                     |  |  |                                     |
|      | alleged to pose a threat of imminent and identifiable hazard to   | ☐ Yes.             | What is the         | hazard?  |  |                                     |

public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Justin R Frosch

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Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

**Disability.** My physical disability causes me to be unable to participate

in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity. I ha

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-00578 Doc 1 Filed 01/08/16 Entered 01/08/16 15:19:18 Desc Main Document Page 6 of 54

Case number (if known) Debtor 1 **Justin R Frosch** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under □ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0.001-25.000 ☐ More than 100.000 **1**00-199 □ 200-999 19. How much do you □ \$500,000,001 - \$1 billion **\$0 - \$50,000** □ \$1,000,001 - \$10 million estimate your assets to □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million **□** \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$100,001 - \$500,000 □ \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Justin R Frosch Justin R Frosch Signature of Debtor 2 Signature of Debtor 1 Executed on January 8, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Justin R Frosch

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jessica     | a Bentz Holguin        | Date          | January 8, 2016              |
|-----------------|------------------------|---------------|------------------------------|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY               |
| Jessica Be      | entz Holguin           |               |                              |
| Printed name    |                        |               |                              |
| Bentz Holg      | guin Law Firm, LLC     |               |                              |
| Firm name       | ·                      |               |                              |
| 100 North       | LaSalle Street         |               |                              |
| Suite 812       |                        |               |                              |
| Chicago, I      | L 60602                |               |                              |
|                 | City, State & ZIP Code |               |                              |
| Contact phone   | 312.881.5112           | Email address | JHolguin@BentzHolguinLaw.com |
| 6295877         |                        |               |                              |
| Bar number & St | tata                   |               |                              |

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|                     |                          | 17(7(.1111))      | 1 ////. () () () () |   |                              |
|---------------------|--------------------------|-------------------|---------------------|---|------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                     |   |                              |
| Debtor 1            | Justin R Frosch          |                   |                     |   |                              |
|                     | First Name               | Middle Name       | Last Name           |   |                              |
| Debtor 2            |                          |                   |                     |   |                              |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name           |   |                              |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS         |   |                              |
| Case number         |                          |                   |                     |   |                              |
| (if known)          |                          |                   |                     | - | neck if this<br>nended filir |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your as  | ssets<br>f what you own                                |
|--|--|--|
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$   | 0.00   |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$   | 15,466.00  |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$   | 15,466.00  |
| t 2: Summarize Your Liabilities  |  |  |
|  |  | abilities<br>you owe                                   |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$   | 1,202.00   |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$   | 0.00   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$   | 31,521.00  |
| Your total liabilities   | \$   | 32,723.00  |
| t 3: Summarize Your Income and Expenses  |  |  |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$   | 4,085.46   |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$   | 4,062.00   |
| 4: Answer These Questions for Administrative and Statistical Records   |  |  |
| Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch  | edules.  |
| ■ Yes What kind of debt do you have?   |  |  |
|  | 1a. Copy line 55, Total real estate, from Schedule A/B | 1a. Copy line 55, Total real estate, from Schedule A/B |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

6,575.83

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | claim |
|--|---------|-------|
| From Part 4 on Schedule E/F, copy the following:   |         |       |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00  |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00  |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 0.00  |

Document Page 10 of 54 Fill in this information to identify your case and this filing: Debtor 1 Justin R Frosch First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Honda Who has an interest in the property? Check one. 3 1 Make: the amount of any secured claims on Schedule D: **Pilot** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only Year: 2004 Debtor 2 only Current value of the Current value of the Approximate mileage: 105,000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$2,696.00 \$2,696.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages \$2,696.00 you have attached for Part 2. Write that number here.....=> Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

| Debtor 1   | Justin R Fr                                       | Document Page 11 of 54  |  |
|--|---|---|--|
| ■ Yes.   | Describe  | Household Goods and Furnishings   | \$1,500.00   |
|  |   | Trouboniera Goodo ana Farmoningo  |  |
| Example  | les: Televisions                                  | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of ll phones, cameras, media players, games | collections; electronic devices  |
|  | Describe  |   |  |
|  |   | d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin<br>tions, memorabilia, collectibles  | , or baseball card collections;  |
|  | Describe  |   |  |
| Example No ■   | ent for sports des: Sports, photomusical instance | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes  | and kayaks; carpentry tools;   |
| 10. <b>Firearr</b>   | ns  | es, shotguns, ammunition, and related equipment   |  |
|  | Describe  |   |  |
| 11. <b>Clothe</b><br><i>Exam<sub>l</sub></i><br>□ No                   |   | clothes, furs, leather coats, designer wear, shoes, accessories   |  |
| Yes.   | Describe  |   |  |
|  |   | Clothing  | \$670.00   |
| ■ No □ Yes.  13. Non-fa Exam <sub>l</sub> ■ No □ Yes.  14. Any ot ■ No | Describe  prm animals ples: Dogs, cats  Describe  | nd household items you did not already list, including any health aids you did not list   | gold, silver   |
| for P  | art 3. Write tha                                  | of all of your entries from Part 3, including any entries for pages you have attached the number here                                     | \$2,170.00   |
|  | scribe Your Fina                                  |   | Comment value of the   |
| Do you ov  | vn or have any                                    | legal or equitable interest in any of the following?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. <b>Cash</b><br>Exam <sub>l</sub><br>■ No                           | oles: Money you                                   | have in your wallet, in your home, in a safe deposit box, and on hand when you file your petiti   | on   |

Case 16-00578 Doc 1 Filed 01/08/16 Entered 01/08/16 15:19:18 Desc Main Page 12 of 54
Case number (if known) Document Debtor 1 **Justin R Frosch** 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... 17.1. Checking **Chase Bank Account** \$800.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) Estimated Balance in 401K \$7,000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No ☐ Yes. ..... Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☐ Yes. Give specific information about them...

| Debtor 1                 | Justin R Frosch  | Document Pa   | age 13 of 54 $_{ m c}$ | ase number (if known)      |   |
|--------------------------|--|---|------------------------|----------------------------|---|
| Money or                 | r property owed to you?  |   |                        |                            | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No                     | efunds owed to you   |   |                        |                            |   |
| ■ Yes                    | . Give specific information abou   | t them, including whether you already   | filed the returns and  | d the tax years            |   |
|                          |  | 2015 Estimated Anticipated  | Tax Refund             | Federal                    | \$2,000.0   |
|                          |  | 2015 Estimated Anticipated  | Tax Refund             | State                      | \$800.0   |
| Exam<br>■ No             | y support nples: Past due or lump sum alin . Give specific information   | mony, spousal support, child support, r   | naintenance, divord    | e settlement, property s   | settlement  |
| Exam<br>■ No             | amounts someone owes you nples: Unpaid wages, disability in benefits; unpaid loans you.  Give specific information | nsurance payments, disability benefits  | , sick pay, vacation   | pay, workers' compen-      | sation, Social Security   |
| Exam<br>■ No             |  | surance; health savings account (HSA  | s); credit, homeown    | er's, or renter's insurand | ce  |
| ⊔ Yes                    |  | of each policy and list its value. ny name:                                     | Beneficiar             | y:                         | Surrender or refund value:  |
| If you some              |  | you from someone who has died rust, expect proceeds from a life insura          | ince policy, or are c  | urrently entitled to recei | ve property because   |
| Exam<br>■ No             |  | er or not you have filed a lawsuit or isputes, insurance claims, or rights to s |                        | or payment                 |   |
| 34. <b>Other</b><br>■ No |  | claims of every nature, including co  | unterclaims of the     | edebtor and rights to s    | set off claims  |
| ■ No                     | inancial assets you did not all  | ready list  |                        |                            |   |
|                          | -  | entries from Part 4, including any e  |                        |                            | \$10,600.00   |
| Part 5: D                | escribe Any Business-Related Pro   | operty You Own or Have an Interest In. Li                                       | ist any real estate in | Part 1.                    |   |
|                          | own or have any legal or equitab   | le interest in any business-related prope                                       | rty?                   |                            |   |

Official Form 106A/B Schedule A/B: Property page 4

 $\square$  Yes. Go to line 38.

|        |         | Case 16-00578                 | Doc 1           | Filed 01/08/16<br>Document | Entered 03<br>Page 14 of | L/08/16 15:19:18<br>54    | Desc Main                                   |
|--------|---------|-------------------------------|-----------------|----------------------------|--------------------------|---------------------------|---|
| Debt   | or 1    | Justin R Frosch               |                 | Document                   | - age 14 or              | Case number (if known)    |   |
| Part 6 |         | cribe Any Farm- and Comme     |                 |                            | n or Have an Interes     | t In.                     |   |
|        |         |                               |                 |                            |                          |                           |   |
|        | _ •     | own or have any legal or      | equitable into  | erest in any farm- or o    | commercial fishin        | g-related property?       |   |
| _      |         | Go to Part 7.                 |                 |                            |                          |                           |   |
| ı      | ☐ Yes.  | Go to line 47.                |                 |                            |                          |                           |   |
|        |         |                               |                 |                            |                          |                           | Current value of the                        |
|        |         |                               |                 |                            |                          |                           | portion you own?                            |
|        |         |                               |                 |                            |                          |                           | Do not deduct secured claims or exemptions. |
|        |         |                               |                 |                            |                          |                           | diamino di exempliono.                      |
|        |         |                               |                 |                            |                          |                           |   |
| Part 7 | Des     | cribe All Property You Own    | or Have an Inte | rest in That You Did Not   | List Above               |                           |   |
| 3 D    | )o vou  | have other property of ar     | ny kind you di  | id not already list?       |                          |                           |   |
|        |         | les: Season tickets, country  |                 |                            |                          |                           |   |
|        | l No    |                               |                 | ·                          |                          |                           |   |
|        | Yes. C  | Give specific information     |                 |                            |                          |                           |   |
|        |         |                               |                 |                            |                          |                           |   |
| 54.    | Add th  | ne dollar value of all of yo  | our entries fro | m Part 7. Write that n     | umber here               |                           | \$0.00                                      |
|        |         | ,                             |                 |                            |                          |                           |   |
| Part 8 | 3: List | the Totals of Each Part of th | nis Form        |                            |                          |                           |   |
|        |         |                               |                 |                            |                          |                           |   |
| 55.    | Part 1: | : Total real estate, line 2   |                 |                            |                          |                           | \$0.00                                      |
| 56.    | Part 2: | : Total vehicles, line 5      |                 |                            | \$2,696.00               |                           |   |
| 57.    | Part 3: | : Total personal and hous     | sehold items,   | line 15                    | \$2,170.00               |                           |   |
| 58.    | Part 4: | : Total financial assets, li  | ne 36           |                            | \$10,600.00              |                           |   |
| 59.    | Part 5: | : Total business-related p    | property, line  | 45                         | \$0.00                   |                           |   |
| 60     | Dort 6  | : Total farm- and fishing-    | rolated areas   | rty line 52                | · · · · ·                |                           |   |
|        |         | : Total farm- and fishing-i   |                 | <u> </u>                   | \$0.00<br>\$0.00         |                           |   |
| J 1.   | i ait / | . Total other property hot    | i nateu, mie J  | <b>'</b> -                 | φυ.υυ_                   |                           |   |
| 62.    | Total t | personal property. Add lin    | es 56 through   | 61                         | \$15,466,00              | Copy personal property to | otal \$15.466.0                             |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$15,466.00

| Fill in this infor  | mation to identify your  | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | Justin R Frosch          |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property You Claim as Exempt |  |
|---------|---|--|
|         |   |  |

| <ol> <li>Whic</li> </ol> | h set of exem | ptions are y | ∕ou claimingʻ | ? Check one only | , even if you | ur spouse is filind | with you. |
|--------------------------|---------------|--------------|---------------|------------------|---------------|---------------------|-----------|
|--------------------------|---------------|--------------|---------------|------------------|---------------|---------------------|-----------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | portion you own                     |     | Specific laws that allow exemption                              |                       |
|---|-------------------------------------|-----|---|-----------------------|
|   | Copy the value from<br>Schedule A/B | Che | eck only one box for each exemption.                            |                       |
| 2004 Honda Pilot 105,000 miles  | \$2,696.00                          |     | \$1,494.00  | 735 ILCS 5/12-1001(c) |
| Elle Holli Schedule AVD. 3.1  |                                     |     | 100% of fair market value, up to any applicable statutory limit |                       |
| Household Goods and Furnishings Line from Schedule A/B: 6.1                         | \$1,500.00                          |     | \$400.00  | 735 ILCS 5/12-1001(b) |
| Line from Screaule A/B: 0.1   |                                     |     | 100% of fair market value, up to any applicable statutory limit |                       |
| Clothing Line from Schedule A/B: 11.1   | \$670.00                            |     | \$0.00  | 735 ILCS 5/12-1001(b) |
| Life from Schedule AVD. 1111  |                                     |     | 100% of fair market value, up to any applicable statutory limit |                       |
| Checking: Chase Bank Account Line from Schedule A/B: 17.1                           | \$800.00                            |     | \$800.00  | 735 ILCS 5/12-1001(b) |
| Line IIIIII Schedule AVB. 17.1  |                                     |     | 100% of fair market value, up to any applicable statutory limit |                       |
| 401(k): Estimated Balance in 401K Line from Schedule A/B: 21.1                      | \$7,000.00                          |     | \$7,000.00  | 735 ILCS 5/12-1006    |
| LINE HOTH SCHEdule AVB. 21.1  |                                     |     | 100% of fair market value, up to any applicable statutory limit |                       |

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| Debtor 1 | Justin R Frosch | Case number (if known) | Case number (if know

| description of the property and line on dule A/B that lists this property | Current value of the portion you own  | Amo  | ount of the exemption you claim  | Specific laws that allow exemption  |
|---|---|--|--|---|
|   | Copy the value from<br>Schedule A/B   | Che  | ck only one box for each exemption.  |   |
| eral: 2015 Estimated Anticipated Refund                                   | \$2,000.00  |  | \$2,000.00   | 735 ILCS 5/12-1001(b)   |
| from Schedule A/B: 28.1   |   |  | 100% of fair market value, up to any applicable statutory limit  |   |
| e: 2015 Estimated Anticipated<br>Refund                                   | \$800.00  |  | \$800.00   | 735 ILCS 5/12-1001(b)   |
| from Schedule A/B: 28.2   |   |  | 100% of fair market value, up to any applicable statutory limit  |   |
|   | . ,   |  | led on or after the date of adjustments  | nt.)  |
| ֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜                                     | eral: 2015 Estimated Anticipated Refund from Schedule A/B: 28.1  e: 2015 Estimated Anticipated Refund from Schedule A/B: 28.2  e: 2015 Estimated Anticipated Refund from Schedule A/B: 28.2 | e: 2015 Estimated Anticipated Refund from Schedule A/B: 28.1  e: 2015 Estimated Anticipated Refund from Schedule A/B: 28.1  e: 2015 Estimated Anticipated Refund from Schedule A/B: 28.2  you claiming a homestead exemption of more than \$155,675 ject to adjustment on 4/01/16 and every 3 years after that for call the schedule A/B: 28.2 | eral: 2015 Estimated Anticipated Refund from Schedule A/B: 28.1  e: 2015 Estimated Anticipated Refund from Schedule A/B: 28.1  e: 2015 Estimated Anticipated Refund from Schedule A/B: 28.2  pour claiming a homestead exemption of more than \$155,675? ject to adjustment on 4/01/16 and every 3 years after that for cases file | portion you own Copy the value from Schedule A/B eral: 2015 Estimated Anticipated Refund from Schedule A/B: 28.1  Eral: 2015 Estimated Anticipated Refund from Schedule A/B: 28.1  Eral: 2015 Estimated Anticipated Refund from Schedule A/B: 28.1  Eral: 2015 Estimated Anticipated Refund from Schedule A/B: 28.2  Sample Check only one box for each exemption. Schedule A/B 100% of fair market value, up to any applicable statutory limit  Sample Check only one box for each exemption. Schedule A/B 100% of fair market value, up to any applicable statutory limit  Sample Check only one box for each exemption. Schedule A/B 100% of fair market value, up to any applicable statutory limit  Sample Check only one box for each exemption. Schedule A/B 100% of fair market value, up to any applicable statutory limit |

|  |                          | Document  | Page 17             | of 54                                  |                           |                   |
|--|--------------------------|---|---------------------|--|---------------------------|-------------------|
| Fill in this informa                         | ntion to identify you    | ır case:  |                     |  |                           |                   |
| Debtor 1                                     | Justin R Frosch          | 1   |                     |  |                           |                   |
|  | First Name               | Middle Name   | Last Name           |  |                           |                   |
| Debtor 2                                     | First Name               | Middle Name   | Last Name           |  |                           |                   |
| (Spouse if, filing)                          | First Name               | Middle Name   | Last Name           |  |                           |                   |
| United States Bank                           | ruptcy Court for the     | NORTHERN DISTRICT OF ILL  | INOIS               |  |                           |                   |
| Case number                                  |                          |   |                     |  |                           |                   |
| (if known)                                   |                          |   |                     |  | ☐ Check                   | cif this is an    |
|  |                          |   |                     |  | amen                      | ded filing        |
| Official Form                                | 106D                     |   |                     |  |                           |                   |
|  |                          | NA/ha llava Claima  | C                   | d by Duonout                           | _                         | 4044              |
| Scheaule L                                   | D: Creditors             | Who Have Claims   | Secured             | by Property                            | <u> </u>                  | 12/15             |
|  |                          | If two married people are filing togeth<br>out, number the entries, and attach it   |                     |  |                           |                   |
| I. Do any creditors ha                       | ave claims secured by    | y your property?  |                     |  |                           |                   |
| ☐ No. Check tl                               | his box and submit t     | his form to the court with your other   | schedules. Yo       | ou have nothing else to                | report on this form.      |                   |
| Yes. Fill in a                               | Il of the information    | below   |                     | ŭ                                      | •                         |                   |
| Part 1: List All                             | Secured Claims           |   |                     |  |                           |                   |
|  |                          | more than one secured claim, list the cre   | aditor separately   | Column A                               | Column B                  | Column C          |
| for each claim. If mor                       | e than one creditor has  | s a particular claim, list the other creditor   | rs in Part 2. As    | Amount of claim                        | Value of collateral       | Unsecured         |
| much as possible, list                       | the claims in alphabet   | ical order according to the creditor's nam  | ie.                 | Do not deduct the value of collateral. | that supports this claim  | portion<br>If any |
| 2.1 Wff Auto                                 |                          | Describe the property that secures  | the claim:          | \$1,202.00                             | \$2,696.00                | \$0.00            |
| Creditor's Name                              |                          | 2004 Honda Pilot 105,000 m  | iles                |  |                           |                   |
|  |                          |   |                     |  |                           |                   |
| 301 W. War                                   | ner Rd.                  | As of the date you file, the claim is:  | Check all that      |  |                           |                   |
| Tempe, AZ                                    | 85284                    | apply.  Contingent  |                     |  |                           |                   |
| Number, Street, C                            | ity, State & Zip Code    | ☐ Unliquidated  |                     |  |                           |                   |
|  |                          | Disputed  |                     |  |                           |                   |
| Who owes the debt                            | ? Check one.             | Nature of lien. Check all that apply.   |                     |  |                           |                   |
| ■ Debtor 1 only                              |                          | ☐ An agreement you made (such as car loan)  | mortgage or sec     | curea                                  |                           |                   |
| ☐ Debtor 2 only ☐ Debtor 1 and Debt          | tor 2 only               | ☐ Statutory lien (such as tax lien, me  | ochanic's lian)     |  |                           |                   |
| ☐ At least one of the                        | •                        | ☐ Judgment lien from a lawsuit  | crianic 3 lienj     |  |                           |                   |
| ☐ Check if this claim                        |                          | ☐ Other (including a right to offset)   |                     |  |                           |                   |
| community debt                               |                          |   |                     |  |                           |                   |
|  | Opened                   |   |                     |  |                           |                   |
|  | 4/07/12                  |   |                     |  |                           |                   |
| Data daht was incur                          | Last Active red 11/18/15 | Last 4 digits of account num  | <sub>ber</sub> 0001 |  |                           |                   |
| Date debt was incur                          | red 11/16/15             | Last 4 digits of account num  | Der Ooo!            |  |                           |                   |
|  |                          |   |                     |  |                           |                   |
| Add the dollar valu                          | ie of your entries in C  | Column A on this page. Write that num   | ber here:           | \$1,20                                 | 2.00                      |                   |
|  |                          | the dollar value totals from all pages.   |                     | \$1,20                                 |                           |                   |
| Write that number                            | here:                    |   |                     | Ψ1,20                                  | 2.00                      |                   |
| Part 2: List Othe                            | rs to Be Notified fo     | r a Debt That You Already Listed  |                     |  |                           |                   |
| trying to collect from than one creditor for | you for a debt you o     | e notified about your bankruptcy for a<br>owe to someone else, list the creditor<br>t you listed in Part 1, list the additiona<br>nis page. | in Part 1, and th   | nen list the collection ag             | gency here. Similarly, if | you have more     |
| Name Addr                                    | ress                     | -   |                     |  |                           | _                 |
| -NONE-                                       |                          | 0   | n which line        | e in Part 1 did you                    | enter the creditor        | ?                 |
|  |                          | ı   | act A dinite        | of account number                      | •                         |                   |

Official Form 106D

|  |   | Document   | Pa                      | <u>ae 18 of 5</u>                       | 54                           |                               |                          |                          |                         |                    |
|--|---|--|-------------------------|---|------------------------------|-------------------------------|--------------------------|--------------------------|-------------------------|--------------------|
| Fill in this inforr                      | mation to identify your   | case:  |                         |   |                              |                               |                          |                          |                         |                    |
| Debtor 1                                 | Justin R Frosch   |  |                         |   |                              |                               |                          |                          |                         |                    |
|  | First Name  | Middle Name  | Last N                  | Name                                    |                              |                               |                          |                          |                         |                    |
| Debtor 2<br>(Spouse if, filing)          | First Name  | Middle Name  | Last I                  | Name                                    |                              |                               |                          |                          |                         |                    |
|  |   |  |                         |   |                              |                               |                          |                          |                         |                    |
| United States Ba                         | inkruptcy Court for the:  | NORTHERN DISTRICT OF ILL   | LINOIS                  | ,                                       |                              |                               |                          |                          |                         |                    |
| Case number _                            |   |  |                         |   |                              |                               |                          |                          |                         |                    |
| (if known)                               |   |  |                         |   |                              |                               |                          | •                        | if this is<br>ed filing |                    |
|  |   |  |                         |   |                              |                               |                          | amend                    | eu illing               |                    |
| Official For                             | m 106E/F  |  |                         |   |                              |                               |                          |                          |                         |                    |
| Schedule                                 | E/F: Creditors  | <b>Who Have Unsecu</b>   | red                     | Claims                                  |                              |                               |                          |                          |                         | 12/15              |
| Schedule G: Execu<br>Schedule D: Credit  | atory Contracts and Unexp<br>tors Who Have Claims Sec<br>ntinuation Page to this page | that could result in a claim. Also lived Leases (Official Form 106G). Dured by Property. If more space is ge. If you have no information to repose.            | Do not in<br>needed     | nclude any cred<br>I, copy the Part     | ditors with p<br>you need, f | partially s<br>fill it out, i | ecured cla<br>number the | ims that a<br>entries ir | re listed<br>n the box  | l in<br>xes on the |
| Part 1: List A                           | II of Your PRIORITY Un  | secured Claims   |                         |   |                              |                               |                          |                          |                         |                    |
| 1. Do any cre                            | ditors have priority unsec  | ured claims against you?   |                         |   |                              |                               |                          |                          |                         |                    |
| ☐ No. Go                                 | to Part 2.  |  |                         |   |                              |                               |                          |                          |                         |                    |
| Yes.                                     |   |  |                         |   |                              |                               |                          |                          |                         |                    |
| much as po<br>Continuatio<br>(For an exp | ossible, list the claims in alph<br>on Page of Part 1. If more that                   | a claim has both priority and nonprionabetical order according to the credit an one creditor holds a particular clair m, see the instructions for this form in | tor's nar<br>m, list th | me. If you have r<br>ne other creditors | more than tw<br>s in Part 3. | o priority                    |                          |                          |                         | ority              |
| 2.1                                      | Donartment of Huma  | an I and A Patra of a constant   |                         | 1384                                    | •                            | 0.00                          | •                        | 0.00                     | •                       | \$0.00             |
|  | Department of Huma<br>reditor's Name  | Last 4 digits of account no  | umber                   | 1304                                    | <b>\$</b>                    | 0.00                          | . \$                     | 0.00                     | \$                      | Ψ0.00              |
| Service                                  | <del>-</del>  | When was the debt incurr   | ed?                     |   |                              |                               | -                        |                          |                         |                    |
|  | Grand Avenue East<br>field, IL 62762  |  |                         |   |                              |                               |                          |                          |                         |                    |
|  | Street City State Zlp Code  | As of the date you file, the   | e claim                 | is: Check all th                        | at apply                     |                               |                          |                          |                         |                    |
| Who incu                                 | rred the debt? Check one.   | ☐ Contingent   |                         |   |                              |                               |                          |                          |                         |                    |
| ■ Debtor                                 | r 1 only  |  |                         |   |                              |                               |                          |                          |                         |                    |
| ☐ Debtor                                 | r 2 only  | ☐ Unliquidated   |                         |   |                              |                               |                          |                          |                         |                    |
| ☐ Debtor                                 | r 1 and Debtor 2 only   | ☐ Disputed   |                         |   |                              |                               |                          |                          |                         |                    |
| ☐ At leas                                | st one of the debtors and an  |  |                         |   |                              |                               |                          |                          |                         |                    |
| ☐ Check<br>communi                       | cif this claim is for a<br>ity debt   | Type of PRIORITY unsecu  | red cla                 | im:                                     |                              |                               |                          |                          |                         |                    |
| Is the cla                               | im subject to offset?   | ■ Domestic support obliga  | ations                  |   |                              |                               |                          |                          |                         |                    |
| ■ No                                     |   | ☐ Taxes and certain other  | debts y                 | ou owe the gove                         | ernment                      |                               |                          |                          |                         |                    |
| ☐ Yes                                    |   | ☐ Claims for death or pers   | onal inj                | ury while you we                        | ere intoxicate               | ed                            |                          |                          |                         |                    |
|  |   | ☐ Other. Specify   |                         |   |                              |                               |                          |                          |                         |                    |
|  |   | -  | Debto                   | or pays \$838                           | of supp                      | ort to V                      | anessa L                 | _in                      |                         |                    |

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Page 19 of 54 Case number (if know) Document Debtor 1 Justin R Frosch

| Vanessa Lin  | Last 4 digits of account number 85   | <b>33</b> \$   | 0.00 \$                           | 0.00 \$   | \$0.00   |  |  |  |  |
|--|--|--|-----------------------------------|-----------|----------|--|--|--|--|
| Priority Creditor's Name<br>9330 Neenah Avenue<br>Morton Grove, IL 60053   |  |  |                                   |           |          |  |  |  |  |
| Number Street City State Zlp Code  | As of the date you file, the claim is: C   | heck all that apply  |                                   |           |          |  |  |  |  |
| Who incurred the debt? Check one.  | ☐ Contingent   |  |                                   |           |          |  |  |  |  |
| Debtor 1 only  | _  |  |                                   |           |          |  |  |  |  |
| Debtor 2 only  | ☐ Unliquidated   |  |                                   |           |          |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |                                   |           |          |  |  |  |  |
| At least one of the debtors and another  | T ( PDIODITY I .I.I.I.   |  |                                   |           |          |  |  |  |  |
| ☐ Check if this claim is for a community debt  | Type of PRIORITY unsecured claim:  |  |                                   |           |          |  |  |  |  |
| Is the claim subject to offset?  | ■ Domestic support obligations   |  |                                   |           |          |  |  |  |  |
| ■ No   | ☐ Taxes and certain other debts you over   | we the government  |                                   |           |          |  |  |  |  |
| ☐ Yes  | ☐ Claims for death or personal injury w  | hile you were intoxic                                      | ated                              |           |          |  |  |  |  |
|  | ☐ Other. Specify   | -  |                                   |           |          |  |  |  |  |
|  | Child Sup  | port. Debtor pa  | ays \$838 month                   | ily       |          |  |  |  |  |
| List All of Your NONPRIORITY Uns   | ecured Claims  |  |                                   |           |          |  |  |  |  |
| Do any creditors have nonpriority unsecure   | ed claims against you?   |  |                                   |           |          |  |  |  |  |
| ☐ No. You have nothing to report in this part.   | Submit this form to the court with your other  | er schedules.  |                                   |           |          |  |  |  |  |
| ■ Yes.   | ,  |  |                                   |           |          |  |  |  |  |
| ■ res.   |  |  |                                   |           |          |  |  |  |  |
| unsecured claim, list the creditor separately fo<br>more than one creditor holds a particular claim<br>Page of Part 2.   |  |  |                                   |           |          |  |  |  |  |
| Ğ  |  |  |                                   | Total cla | aim      |  |  |  |  |
| Bank Of America  | Last 4 digits of account number  | 2312   |                                   | \$        | 3,146.00 |  |  |  |  |
| Nonpriority Creditor's Name Nc4-105-03-14  |  | Opened 3/01  | /12   ast                         |           |          |  |  |  |  |
| Po Box 26012   | When was the debt incurred?  | Active 11/03/1   |                                   |           |          |  |  |  |  |
| Greensboro, NC 27410   |  |  |                                   |           |          |  |  |  |  |
| Number Street City State Zlp Code  | As of the date you file, the claim   |  |                                   |           |          |  |  |  |  |
| Who incurred the debt? Check one.  |  | is: Check all that app                                     | bly                               |           |          |  |  |  |  |
| _  | ☐ Contingent   | is: Check all that app                                     | bly                               |           |          |  |  |  |  |
| Debtor 1 only  | _  | is: Check all that app                                     | oly                               |           |          |  |  |  |  |
| ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent☐ Unliquidated   | i <b>s:</b> Check all that app                             | bly                               |           |          |  |  |  |  |
|  | _  | is: Check all that app                                     | bly                               |           |          |  |  |  |  |
| Debtor 2 only  | Unliquidated   |  | oly                               |           |          |  |  |  |  |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured   |  | oly                               |           |          |  |  |  |  |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community  | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separations   | d claim:   |                                   |           |          |  |  |  |  |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?                                     | ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans   | d claim:<br>aration agreement or                           | divorce that you did              |           |          |  |  |  |  |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt   | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a sepanot report as priority claims   | d claim:<br>aration agreement or<br>ng plans, and other si | divorce that you did              |           |          |  |  |  |  |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes                          | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a sepanot report as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify ☐ Credit | d claim:<br>aration agreement or<br>ng plans, and other si | divorce that you did              |           | 3,616.00 |  |  |  |  |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No                                | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a sepanot report as priority claims ☐ Debts to pension or profit-sharing                          | d claim:<br>aration agreement or<br>ng plans, and other si | divorce that you did              | \$        | 3,616.00 |  |  |  |  |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes ■ Barclays Bank Delaware | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a sepanot report as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify ☐ Credit | d claim:<br>aration agreement or<br>ng plans, and other si | divorce that you did imilar debts | \$        | 3,616.00 |  |  |  |  |

Official Form 106 E/F

| Debtor | Case 16-00578 Doc 1  1 Justin R Frosch   |  | ered 01/08/16 15:19:18<br>e 20 of 54<br>Case number (if know) | Desc Main |          |
|--------|--|--|---|-----------|----------|
|        | Who incurred the debt? Check one.  | ☐ Contingent   |   |           |          |
|        | ■ Debtor 1 only  | - Contingent   |   |           |          |
|        | Debtor 2 only  | ☐ Unliquidated   |   |           |          |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another             | ☐ Disputed  Type of NONPRIORITY unsecu                       | red claim:  |           |          |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |   |           |          |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a se                            | paration agreement or divorce that you did                    | I         |          |
|        | ■ No   | _ ' ' '  | ring plans, and other similar debts                           |           |          |
|        | Yes  | ■ Other. Specify Cred  | lit Card  |           |          |
| 4.3    | Capital One  | Last 4 digits of account numbe                               | r 0245  | \$        | 2,810.00 |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred?                                  | Opened 3/01/15 Last<br>Active 11/02/15                        |           |          |
|        | Number Street City State Zlp Code  | As of the date you file, the clair                           | n is: Check all that apply                                    |           |          |
|        | Who incurred the debt? Check one.  | ☐ Contingent   |   |           |          |
|        | Debtor 1 only  | _  |   |           |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |   |           |          |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another             | ☐ Disputed  Type of NONPRIORITY unsecu                       | red claim:  |           |          |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |   |           |          |
|        | debt<br>Is the claim subject to offset?  | _  | paration agreement or divorce that you did                    | I         |          |
|        | ■ No   | <u> </u>   | ring plans, and other similar debts                           |           |          |
|        | Yes  | Other. Specify Cred  | lit Card  |           |          |
| 4.4    | Chase Card Services  | Last 4 digits of account numbe                               | r 2808  | \$        | 4,955.00 |
|        | Nonpriority Creditor's Name Attn: Correspondence Dept Po Box 15298                 | When was the debt incurred?                                  | Opened 1/01/13 Last<br>Active 11/24/15                        |           |          |
|        | Wilmington, DE 19850  Number Street City State Zlp Code                            | As of the date you file, the clain                           | n is: Check all that apply                                    |           |          |
|        | Who incurred the debt? Check one.  | ☐ Contingent   |   |           |          |
|        | ■ Debtor 1 only  □ Debtor 2 only   | ☐ Unliquidated   |   |           |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |          |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecu                                   | red claim:  |           |          |
|        | ☐ Check if this claim is for a community debt                                      | ☐ Student loans  |   |           |          |
|        | Is the claim subject to offset?  | Obligations arising out of a senot report as priority claims | paration agreement or divorce that you did                    | I         |          |
|        | ■ No   | <u> </u>   | ring plans, and other similar debts                           |           |          |
|        | Yes  | ■ Other. Specify Crec  | lit Card  |           |          |
| 4.5    | Chase Card Services  | Last 4 digits of account numbe                               | r 6258  | \$        | 4,881.00 |

Official Form 106 E/F

Nonpriority Creditor's Name

Schedule E/F: Creditors Who Have Unsecured Claims

Case 16-00578 Doc 1 Filed 01/08/16 Entered 01/08/16 15:19:18 Desc Main Document Page 21\_of 54 Debtor 1 Justin R Frosch Case number (if know) Attn: Correspondence Dept Opened 2/01/12 Last Po Box 15298 When was the debt incurred? Active 12/18/15 Wilmington, DE 19850 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other. Specify 4.6 1.322.00 **Chase Card Services** 3585 Last 4 digits of account number Nonpriority Creditor's Name **Attn: Correspondence Dept** Opened 1/01/13 Last Po Box 15298 When was the debt incurred? Active 12/14/15 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other. Specify

4.7 Citibank

Last 4 digits of account number

2798

3,961.00

\$

Nonpriority Creditor's Name

Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

Number Street City State Zlp Code

When was the debt incurred?

Opened 11/01/14 Last Active 12/15/15

As of the date you file, the claim is: Check all that apply

| Debtor | Case 16-00578 Doc 1  1 Justin R Frosch  | Filed 01/08/16<br>Document                          |               | red 01/08/16 15:19:18<br>22 of 54<br>Case number (if know) | Desc M | 1ain     |
|--------|---|---|---------------|--|--------|----------|
|        | Who incurred the debt? Check one.   | ☐ Contingent  |               |  |        |          |
|        | ■ Debtor 1 only   | <b>a</b> contingent                                 |               |  |        |          |
|        | Debtor 2 only   | ☐ Unliquidated                                      |               |  |        |          |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |               |  |        |          |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY                                 | unsecure      | d claim:   |        |          |
|        | ☐ Check if this claim is for a community debt   | ☐ Student loans                                     |               |  |        |          |
|        | Is the claim subject to offset?   | Obligations arising ou not report as priority clair |               | aration agreement or divorce that you did                  |        |          |
|        | ■ No  | Debts to pension or p                               | rofit-sharin  | ng plans, and other similar debts                          |        |          |
|        | Yes   | Other. Specify                                      | Credit        | Card   |        |          |
| 4.8    | Citibank  | Last 4 digits of accoun                             | t number      | 8370   | \$     | 6,595.00 |
|        | Nonpriority Creditor's Name Citicorp Credit Services/Attn: Centraliz Po Box 790040                        | When was the debt inc                               | urred?        | Opened 3/01/12 Last<br>Active 11/19/15                     | •      |          |
|        | Saint Louis, MO 63179   | As of the date you file                             | the eleim i   | in Observation   |        |          |
|        | Number Street City State ZIp Code   | As of the date you file,                            | tne claim     | s: Check all that apply                                    |        |          |
|        | Who incurred the debt? Check one.   | ☐ Contingent  |               |  |        |          |
|        | ■ Debtor 1 only   |   |               |  |        |          |
|        | Debtor 2 only   | ☐ Unliquidated                                      |               |  |        |          |
|        | ☐ Debtor 1 and Debtor 2 only  | Disputed  |               |  |        |          |
|        | At least one of the debtors and another   | Type of NONPRIORITY                                 | unsecure      | d claim:   |        |          |
|        | ☐ Check if this claim is for a community debt   | ☐ Student loans                                     |               |  |        |          |
|        | Is the claim subject to offset?   | not report as priority clair                        | ms            | aration agreement or divorce that you did                  |        |          |
|        | ■ No  | ☐ Debts to pension or p                             | orofit-sharin | g plans, and other similar debts                           |        |          |
|        | Yes   | Other. Specify                                      | Credit        | Card   |        |          |
| 4.9    | City of Chicago, Dept of Revenue  | Last 4 digits of accoun                             | t number      | 8533   | \$     | 235.00   |
|        | Nonpriority Creditor's Name Bureau of Parking-Bankruptcy 121 N. LaSalle Street, Rm 107A Chicago, IL 60602 | When was the debt inc                               | urred?        |  | -      |          |
|        | Number Street City State Zlp Code   | As of the date you file,                            | the claim i   | is: Check all that apply                                   |        |          |
|        | Who incurred the debt? Check one.   | ☐ Contingent  |               |  |        |          |
|        | ■ Debtor 1 only   |   |               |  |        |          |
|        | ☐ Debtor 2 only   | ☐ Unliquidated                                      |               |  |        |          |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |               |  |        |          |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY                                 | unsecure      | d claim:   |        |          |
|        | ☐ Check if this claim is for a community debt   | ☐ Student loans                                     |               |  |        |          |
|        | Is the claim subject to offset?   | Obligations arising ou                              |               | aration agreement or divorce that you did                  |        |          |
|        | No  | Debts to pension or p                               | rofit-sharin  | ng plans, and other similar debts                          |        |          |
|        | Yes   | Other. Specify                                      | Parkin        | g tickets  |        |          |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Justin R Frosch

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

-NONE-

On which entry in Part 1 or Part2 did you list the original creditor?

Line of (Check one):

Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

### Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |            |  |            | Total claim |           |
|-----------------------|------------|--|------------|-------------|-----------|
|                       | 6a.        | Domestic support obligations   | 6a.        | \$          | 0.00      |
| Total claims          |            |  |            |             |           |
| from Part 1           | 6b.        | Taxes and certain other debts you owe the government   | 6b.        | \$          | 0.00      |
|                       | 6c.        | Claims for death or personal injury while you were intoxicated   | 6c.        | \$          | 0.00      |
|                       | 6d.        | Other. Add all other priority unsecured claims. Write that amount here.  | 6d.        | \$          | 0.00      |
|                       | 6e.        | Total. Add lines 6a through 6d.  | 6e.        | \$          | 0.00      |
| Total                 | 6f.        | Student loans  | 6f.        | Total Claim | 0.00      |
| claims<br>from Part 2 | 6g.<br>6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts | 6g.<br>6h. | \$<br>      | 0.00      |
|                       | 6i.        | Other. Add all other nonpriority unsecured claims. Write that amount here.   | 6i.        | *           | 31,521.00 |
|                       | 6j.        | Total. Add lines 6f through 6i.  | 6j.        | \$          | 31,521.00 |

| Fill in this infor  | mation to identify your  | case:             |             |             |
|---------------------|--------------------------|-------------------|-------------|-------------|
| Debtor 1            | Justin R Frosch          |                   |             |             |
|                     | First Name               | Middle Name       | Last Name   | <del></del> |
| Debtor 2            |                          |                   |             |             |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |             |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |             |
| Case number         |                          |                   |             |             |
| (if known)          |                          |                   |             |             |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for                                     |
|--|---|
| 2.1 John Heskin<br>5685 N Goodman St. Apt2<br>Chicago, IL 60630  | Debtor pays \$1300 monthly (written lease) for apartment. Debtor is Tenant. |

|  |  | Docume  | nt Page 25 d  | )T 54  |   |
|--|--|---|---|--|---|
| Fill in this   | information to identify your   |   |   |  |   |
| Debtor 1   | Justin R Frosch  |   |   |  |   |
|  | First Name   | Middle Name   | Last Name   |  |   |
| Debtor 2<br>(Spouse if, filin                              | ng) First Name   | Middle Name   | Last Name   |  |   |
| United Stat  | tes Bankruptcy Court for the:  | NORTHERN DISTRICT   | OF ILLINOIS   |  |   |
|  |  |   |   |  |   |
| Case numb  | per  |   |   |  | ☐ Check if this is an   |
|  |  |   |   |  | amended filing  |
| Official   | Form 106H  |   |   |  |   |
|  | ule H: Your Cod  | obtors  |   |  | 40/45   |
| Scried   | ule II. Toul Cou   | EDIOIS  |   |  | 12/15   |
| No Yes  2. With Arizona  No. Yes  3. In Coluin line Form 1 | nin the last 8 years, have you<br>a, California, Idaho, Louisiana<br>Go to line 3.<br>. Did your spouse, former spo<br>umn 1, list all of your codebt<br>2 again as a codebtor only in<br>106D), Schedule E/F (Officia | u lived in a community pr<br>, Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran | operty state or territor erto Rico, Texas, Wash with you at the time?  spouse as a codebtor tor or cosigner. Make | ry? (Community propert<br>ington, and Wisconsin.)<br>if your spouse is filing<br>sure you have listed th | y states and territories include<br>g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|  | Olumn 2.  Column 1: Your codebtor  |   |   | Column 2: The cre  | editor to whom you owe the debt   |
|  | Name, Number, Street, City, State and Z  | IP Code   |   | Check all schedule   |   |
| 3.1  |  |   |   | ☐ Schedule D, lin  | ne e  |
| <u> </u>   | Name   |   |   | ☐ Schedule E/F, I  | line  |
|  |  |   |   | ☐ Schedule G, lin  | ne  |
|  | Number Street  | 2   | 710.0   |  |   |
|  | City   | State   | ZIP Code  |  |   |
| 3.2  |  |   |   | ☐ Schedule D, lin  |   |
|  | Name   |   |   | ☐ Schedule E/F, I  |   |
|  |  |   |   | ☐ Schedule G, lin  |   |
| 1  | Number Street  |   |   | _  |   |
|  | City   | State   | ZIP Code  |  |   |

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| Debtor 1    Debtor 2   Spoower, If Margo  | Fill                            | in this information to identify your c   | ase:  |                           |                               |                |                  |                          |                      |                        |                             |  |
|---|---------------------------------|--|---|---------------------------|-------------------------------|----------------|------------------|--------------------------|----------------------|------------------------|-----------------------------|--|
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (If stoom)  Official Form 106   Schedule I: Your Income  Be as complete and accurate as possible. If two married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed information. If you are married and not filing with you, do not include information about your spouse. If more space is needed information.  Part 1: Describe Employment  1. Fill in your employment information.  By but have more than one job, attach a separate page with information about additional employers.  Occupation may include student or homemaker, if it applies.  Employer's name  Entraction, It you have more than one job, attach a separate page with information about additional employers.  Occupation may include student or homemaker, if it applies.  Employer's name  Employer's name  Employer's name  Employer's name  Employer's address  315 North Racine, Suite  501  Chicago, IL 60607  How long employed there?  9 months  "See Attachment for Additional Employment Information  Fart 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  I you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse.  |                                 |  |   |                           |                               |                |                  |                          |                      |                        |                             |  |
| Case number (If known)    Check if this is:   |                                 |  |   |                           |                               |                | _                |                          |                      |                        |                             |  |
| Official Form 106I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Fart 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Occupation may include student or homemaker, if it applies.  Employer's address  315 North Racine, Suite 501  Chicago, IL 60607  How long employed there?  9 months  *See Attachment for Additional Employment Information  Fart 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. List monthly overtime pay.  3. +\$ 0.00 4\$ N/A   | Uni                             | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC                                      | CT OF ILLII               | NOIS                          |                | _                |                          |                      |                        |                             |  |
| Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation Business Analyst  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Debtor 1 Debtor 2 or non-filing spouse imployed.  Occupation Business Analyst  Employer's name  Employer's address 315 North Racine, Suite 501  Chicago, IL 60607  How long employed there? 9 months  "See Attachment for Additional Employment Information  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 6,541.66 \$ N/A   |                                 |  |   | -                         |                               |                |                  | ☐ An a                   | amende<br>uppleme    | nt showir              | 0 1                         |  |
| Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing binthy, and your spouses is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 11 Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  315 North Racine, Suite 501 Chicago, IL 60607  How long employed there?  9 months  "See Attachment for Additional Employment Information  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  List monthly gross wages, salary, and commissions (before all payroll to your your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filling spouse  List monthly gross wages, salary, and commissions (before all payroll to | $\bigcirc$                      | fficial Form 106I  |   |                           |                               |                |                  |                          |                      |                        | following date              | <b>)</b> :                                   |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separated sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Fait 1:  |                                 |  | ome   |                           |                               |                |                  | MM                       | / DD/ Y              | YYY                    |                             | 12/15  |
| If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation  Employer's name  Employer's address of the work of the w   | sup <sub>i</sub><br>spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. | are married and not filir<br>or spouse is not filing wi | ng jointly,<br>th you, do | and your spo<br>not include i | use i<br>nforn | s livii<br>natio | ng with yo<br>n about yo | ou, inclu<br>our spo | de infori<br>use. If m | mation abou<br>ore space is | t your<br>needed,                            |
| If you have more than one job, attach a separate page with information about additional employers.  Occupation  Business Analyst  CH Robinson  Employer's address or homemaker, if it applies.  Chicago, IL 60607  How long employed there?  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  Stimate and list monthly overtime pay.  Employer's address and susiness Analyst  CH Robinson  Business Analyst  CH Robinson  Business Analyst  CH Robinson  For Debtor 1  For Debtor 1  For Debtor 2 or non-filing spouse  N/A  N/A  | 1.                              |  |   | Debtor                    | 1                             |                |                  | D                        | Debtor 2             | or non-f               | filing spouse               |  |
| Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address or homemaker, if it applies.  Occupation may include student or homemaker, if it applies.  Employer's address or homemaker, if it applies.  Employer's address or homemaker, if it applies.  Employer's address or homemaker, if it applies.  Business Analyst  CH Robinson  State or Homemaker, Suite or homemaker, if it applies.  Employer's address or homemaker, if it applies.  See Attachment for Additional Employment Information  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.  If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filling spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 6,541.66 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  |                                 | If you have more than one job,   | <b>F</b> *  | ■ Empl                    | oyed                          |                |                  |                          | ☐ Emplo              | yed                    |                             |  |
| Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address 501 Chicago, IL 60607  How long employed there?  9 months *See Attachment for Additional Employment Information  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  |                                 | information about additional   | Employment status                                       | □ Not e                   | employed                      |                |                  |                          | ☐ Not er             | nployed                |                             |  |
| Self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address of homemaker, if it applies.  How long employed there?  By months  See Attachment for Additional Employment Information  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 6,541.66 \$ N/A  N/A   |                                 | . ,  | Occupation  | Busine                    | ss Analyst                    |                |                  |                          |                      |                        |                             |  |
| Thomemaker, if it applies.    Solicago, IL 60607  |                                 |  | Employer's name   | CH Ro                     | binson                        |                |                  |                          |                      |                        |                             |  |
| *See Attachment for Additional Employment Information  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$   |                                 |  | Employer's address                                      | 501                       |                               | Suite          | 9                |                          |                      |                        |                             |  |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$  0.00  N/A  |                                 |  | How long employed th                                    | here?                     |                               |                |                  |                          |                      |                        |                             |  |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  |                                 |  |   |                           | *See Attach                   | ment           | for A            | Additional               | Employ               | ment Inf               | formation                   |  |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 6,541.66 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A   | <b>Esti</b> i<br>spou           | mate monthly income as of the duse unless you are separated.  u or your non-filing spouse have me      | ate you file this form. If you                          | •                         |                               |                | •                |                          |                      |                        | •                           | J  |
| <ol> <li>deductions). If not paid monthly, calculate what the monthly wage would be.</li> <li>\$\begin{align*} \begin{align*} a</li></ol>      |                                 |  |   |                           |                               |                |                  | For Debto                | or 1                 |                        |                             |  |
|   | 2.                              |  |   |                           |                               | 2.             | \$_              | 6,54                     | 41.66                | \$                     | N/A                         | ·<br>—                                       |
| 4. Calculate gross Income. Add line 2 + line 3. 4. \$   | 3.                              | Estimate and list monthly overt  | ime pay.  |                           |                               | 3.             | +\$_             |                          | 0.00                 | +\$                    | N/A                         | <u>.                                    </u> |
|   | 4.                              | Calculate gross Income. Add lin  | ne 2 + line 3.  |                           |                               | 4.             | \$_              | 6,541                    | .66_                 | \$                     | N/A                         |  |

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| Deb | otor 1                                 | Justin R Frosch  | -            | C            | Case                 | number ( <i>if known</i>             | ) -         |                      |                |                          |                  |
|-----|--|--|--------------|--------------|----------------------|--------------------------------------|-------------|----------------------|----------------|--------------------------|------------------|
|     |  |  |              |              | For                  | Debtor 1                             |             |                      | ebtor:         | 2 or<br>pouse            |                  |
|     | Сор                                    | y line 4 here  | 4.           |              | \$                   | 6,541.66                             | 5           | \$                   | 9              | N/A                      | _                |
| 5.  | List                                   | all payroll deductions:  |              |              |                      |                                      |             |                      |                |                          |                  |
|     | 5a.<br>5b.                             | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans   | 5a<br>5b     |              | \$_<br>\$            | 1,954.40<br>0.00                     | _           | \$                   |                | N/A<br>N/A               | _                |
|     | 5c.                                    | Voluntary contributions for retirement plans   | 5c           |              | \$<br>_              | 267.50                               | _           | \$<br>               |                | N/A<br>N/A               | _                |
|     | 5d.                                    | Required repayments of retirement fund loans   | 5d           |              | \$<br>-              | 0.00                                 | _           | \$—                  |                | N/A<br>N/A               | _                |
|     | 5e.                                    | Insurance  | 5e           |              | \$<br>-              | 226.26                               | _           | \$                   |                | N/A                      | _                |
|     | 5f.                                    | Domestic support obligations   | 5f.          |              | <u>*</u> -           | 0.00                                 | _           | \$                   |                | N/A                      | _                |
|     | 5g.                                    | Union dues   | 5g           |              | \$                   | 0.00                                 | _           | \$                   |                | N/A                      | _                |
|     | 5h.                                    | Other deductions. Specify: Disability  | 5h           |              | \$                   | 8.04                                 | _           | + \$                 |                | N/A                      | _                |
| 6.  | Add                                    | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | _<br>6.      |              | \$                   | 2,456.20                             | )           | \$                   |                | N/A                      | _                |
| 7.  |  | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.           |              | \$<br>\$             | 4,085.46                             |             | \$                   |                | N/A                      | -                |
| 8.  | 8a.<br>8b.<br>8c.<br>8d.<br>8e.<br>8f. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income | 8f.<br>8g    | ).           | \$<br>\$<br>\$<br>\$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00 | )<br>)<br>) | \$\$<br>\$\$<br>\$\$ |                | N/A<br>N/A<br>N/A<br>N/A | -<br>-<br>-<br>- |
| 9.  | 8h.<br><b>Add</b>                      | Other monthly income. Specify:  all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | _ 8h<br>_ 9. | 1.+<br> <br> | \$_<br>S             | 0.00                                 | _           | \$<br> \$            |                | N/A<br>N//               | -<br>            |
|     |  |  |              | Ľ            |                      |                                      | $\exists$   | Ľ                    |                |                          | ╛                |
| 10. |  | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.          | \$_          |                      | 4,085.46 +                           | \$_         |                      | N/A            | = \$                     | 4,085.46         |
| 11. | Inclu<br>othe                          | e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:  | depe         |              |                      |                                      |             |                      | chedule<br>11. |                          | 0.00             |
| 12. |  | the amount in the last column of line 10 to the amount in line 11. The result in the summary of Schedules and Statistical Summary of Certain ies   |              |              |                      |                                      |             |                      | 12.            | \$                       | 4,085.46         |
| 13. | Do y                                   | ou expect an increase or decrease within the year after you file this form? No.  | ?            |              |                      |                                      |             |                      |                | Combine month!           | ned<br>ly income |
|     |  | Ves Evolain:   |              |              |                      |                                      |             |                      |                |                          |                  |

Official Form 106I Schedule I: Your Income page 2

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| Debtor 1 Justin R Frosch | Case number (if known) |  |
|--------------------------|------------------------|--|
|--------------------------|------------------------|--|

# Official Form B 6I Attachment for Additional Employment Information

| Debtor              |                                 |  |
|---------------------|---------------------------------|--|
| Occupation          | Independant contractor driver   |  |
| Name of Employer    | Independant Contractor for Uber |  |
| How long employed   |                                 |  |
| Address of Employer | 370 Carpenter Street            |  |
| , ,                 | Chicago, IL 60607               | As needed occassional work as a driver |

Official Form 106I Schedule I: Your Income page 3

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| ΞIII       | in this informa                 | tion to identify yo                                   | ur case.         |   |   | Ī            |                                     |  |
|------------|---------------------------------|---|------------------|---|---|--------------|-------------------------------------|--|
| Deb        |                                 | Justin R Fros   |                  |   |   | Cho          | ck if this is:                      |  |
| Den        | tor i                           | Justin K Fros   | scn              |   |   |              | An amended filing                   |  |
|            | tor 2<br>ouse, if filing)       |   |                  |   |   |              | A supplement show 13 expenses as of | wing postpetition chapter                            |
|            |                                 |   |                  |   |   |              |                                     |  |
| Unit       | ed States Bankr                 | ruptcy Court for the:                                 | NORTH            | IERN DISTRICT OF ILLIN                              | NOIS                                    |              | MM / DD / YYYY                      |  |
| 1          | e number<br>nown)               |   |                  |   |   |              |                                     |  |
| Of         | fficial Fo                      | rm 106J   |                  |   |   | -            |                                     |  |
|            |                                 | J: Your E   |                  |   |   |              |                                     | 12/1   |
| info       | ormation. If m                  |   | eded, atta       | If two married people a ch another sheet to this n. |   |              |                                     |  |
| Par        | t 1: Descr                      | ibe Your House  | hold             |   |   |              |                                     |  |
| 1.         | Is this a join                  | nt case?  |                  |   |   |              |                                     |  |
|            | ■ No. Go to □ Yes. <b>Doe</b>   | line 2.<br><b>s Debtor 2 live i</b>                   | n a separa       | ate household?                                      |   |              |                                     |  |
|            | □ No<br>□ Yo                    |   | t file Offici    | al Form 106J-2, <i>Expense</i>                      | es for Separate House                   | ehold of Deb | otor 2.                             |  |
| 2.         | Do you have                     | e dependents?   | □ No             |   |   |              |                                     |  |
|            | Do not list Do<br>Debtor 2.     | ebtor 1 and   | ■ Yes.           | Fill out this information for each dependent        | Dependent's relati<br>Debtor 1 or Debto |              | Dependent's age                     | Does dependent live with you?                        |
|            | Do not state                    | the   |                  |   |   |              |                                     | □ No   |
|            | dependents                      | names.  |                  |   | Child                                   |              | _ 3                                 | ■ Yes<br>□ No  |
|            |                                 |   |                  |   |   |              |                                     | ☐ Yes  |
|            |                                 |   |                  |   |   |              |                                     | □ No   |
|            |                                 |   |                  |   |   |              |                                     | ☐ Yes<br>☐ No  |
|            |                                 |   |                  |   |   |              |                                     | ☐ Yes  |
| 3.         | expenses of                     | enses include<br>f people other th<br>d your depender | nan $_{\square}$ | No<br>Yes   |   |              |                                     |  |
| Par        | t 2. Estim                      | ate Your Ongoir                                       | na Monthi        | v Expenses  |   |              |                                     |  |
| Est<br>exp | imate your ex                   | penses as of yo                                       | our bankrı       | uptcy filing date unless                            |   |              |                                     | pter 13 case to report<br>f the form and fill in the |
|            |                                 |   |                  | government assistance                               |   |              |                                     |  |
|            | value of such<br>ficial Form 10 |   | I have inc       | luded it on Schedule I:                             | Your Income                             |              | Your exp                            | enses  |
| 4.         |                                 | or home ownersh<br>and any rent for the               |                  | ses for your residence.<br>r lot.                   | Include first mortgage                  | e<br>4. :    | \$                                  | 1,300.00   |
|            | If not includ                   | ed in line 4:   |                  |   |   |              |                                     |  |
|            | 4a. Real e                      | state taxes   |                  |   |   | 4a.          | \$                                  | 0.00   |
|            | •                               | rty, homeowner's                                      |                  |   |   | 4b.          | ·                                   | 30.00  |
|            |                                 | maintenance, re<br>owner's associati                  | •                | ipkeep expenses<br>dominium dues                    |   | 4c. 4d.      | ·                                   | 0.00<br>0.00   |
| 5.         |                                 |   |                  | our residence, such as h                            | ome equity loans                        | 5. S         |                                     | 0.00   |

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| ebtor 1       | Justin R Frosch  | Case num     | ber (if known) |                          |
|---------------|--|--------------|----------------|--------------------------|
| . Utili       | ties:  |              |                |                          |
| 6a.           | Electricity, heat, natural gas   | 6a.          | \$             | 150.00                   |
| 6b.           | Water, sewer, garbage collection   | 6b.          | \$             | 0.00                     |
| 6c.           | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | \$             | 260.00                   |
| 6d.           | Other. Specify:  | 6d.          | \$             | 0.00                     |
| Foo           | d and housekeeping supplies  | 7.           | \$             | 450.00                   |
| Chil          | dcare and children's education costs   | 8.           | \$             | 0.00                     |
| Clo           | hing, laundry, and dry cleaning  | 9.           | \$             | 50.00                    |
| ). Per        | sonal care products and services   | 10.          | \$             | 25.00                    |
| . Med         | lical and dental expenses  | 11.          | \$             | 180.00                   |
| . Trai        | nsportation. Include gas, maintenance, bus or train fare.  |              |                |                          |
|               | not include car payments.  | 12.          | ·              | 200.00                   |
|               | ertainment, clubs, recreation, newspapers, magazines, and books  | 13.          |                | 0.00                     |
|               | ritable contributions and religious donations  | 14.          | \$             | 0.00                     |
|               | irance.  |              |                |                          |
|               | not include insurance deducted from your pay or included in lines 4 or 20.   | 150          | ¢              | 405.00                   |
|               | Life insurance   | 15a.         | *              | 165.00                   |
|               | Health insurance   | 15b.         |                | 0.00                     |
|               | Vehicle insurance  | 15c.         | ·              | 55.00                    |
|               | Other insurance. Specify:  | 15d.         | \$             | 0.00                     |
| o. rax<br>Spe | es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:  | 16.          | \$             | 0.00                     |
|               | allment or lease payments:   |              |                |                          |
|               | Car payments for Vehicle 1   | 17a.         | ·              | 249.00                   |
|               | Car payments for Vehicle 2   | 17b.         | \$             | 0.00                     |
|               | Other. Specify: Therapist  | 17c.         | \$             | 80.00                    |
|               | Other. Specify: Out of pocket prescriptions  | 17d.         | \$             | 30.00                    |
|               | r payments of alimony, maintenance, and support that you did not report a<br>ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).   |              | \$             | 0.00                     |
|               | er payments you make to support others who do not live with you.   | -            | \$             | 838.00                   |
|               | cify: Child Support  | 19.          | •              |                          |
|               | er real property expenses not included in lines 4 or 5 of this form or on Sch  | nedule I: Yo | ur Income.     |                          |
|               | Mortgages on other property  | 20a.         |                | 0.00                     |
| 20b           | Real estate taxes  | 20b.         | \$             | 0.00                     |
| 20c           | Property, homeowner's, or renter's insurance   | 20c.         | \$             | 0.00                     |
| 20d           | Maintenance, repair, and upkeep expenses   | 20d.         | \$             | 0.00                     |
|               | Homeowner's association or condominium dues  | 20e.         | \$             | 0.00                     |
| 1. <b>Oth</b> | er: Specify:   | 21.          | +\$            | 0.00                     |
|               | culate your monthly expenses   |              |                |                          |
|               | Add lines 4 through 21.  |              | \$             | 4,062.00                 |
| 22b           | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$             | ,                        |
|               | Add line 22a and 22b. The result is your monthly expenses.   |              | \$             | 4,062.00                 |
|               |  |              |                | 7,002.00                 |
|               | culate your monthly net income.  |              |                |                          |
|               | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | · ·            | 4,085.46                 |
| 23b           | Copy your monthly expenses from line 22c above.  | 23b.         | -\$            | 4,062.00                 |
| 230           | Subtract your monthly expenses from your monthly income.   |              |                |                          |
| 230           | The result is your <i>monthly net income</i> .   | 23c.         | \$             | 23.46                    |
| For           | you expect an increase or decrease in your expenses within the year after yexample, do you expect to finish paying for your car loan within the year or do you expect your fication to the terms of your mortgage? |              |                | se or decrease because o |
| mod           | lo.  |              |                |                          |

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|                     |  |                            |                        |  | _  |
|---------------------|--|----------------------------|------------------------|--|--|
| Fill in this info   | rmation to identify your                           | case:                      |                        |  |  |
| Debtor 1            | Justin R Frosch                                    |                            |                        |  |  |
|                     | First Name   | Middle Name                | Last Name              |  |  |
| Debtor 2            |  |                            |                        |  |  |
| (Spouse if, filing) | First Name   | Middle Name                | Last Name              |  |  |
| United States B     | ankruptcy Court for the:                           | NORTHERN DISTRICT          | OF ILLINOIS            |  |  |
| Case number         |  |                            |                        |  |  |
| (if known)          |  |                            |                        |  | ☐ Check if this is an  |
|                     |  |                            |                        |  | amended filing   |
|                     |  | ın Individual              |                        |  | 12/15  |
| If two married p    | eople are filing together                          | r, both are equally respor | nsible for supplying   | j correct information.   |  |
| obtaining mone      |  | n connection with a bank   |                        |  | tement, concealing property, or 00, or imprisonment for up to 20 |
| Sig                 | gn Below   |                            |                        |  |  |
| Did you pa          | ay or agree to pay some                            | one who is NOT an attor    | ney to help you fill o | out bankruptcy forms?  |  |
| ■ No                |  |                            |                        |  |  |
| ☐ Yes.              | Name of person                                     |                            |                        | . Attach <i>Bankruptcy Petit</i><br>and Signature (Official Fo | tion Preparer's Notice, Declaration,<br>orm 119).                |
|                     | alty of perjury, I declare<br>re true and correct. | that I have read the sum   | mary and schedules     | s filed with this declaration                                  | on and   |
| X /s/.luc           |  |                            |                        |  |  |
|                     | stin R Frosch                                      |                            | X                      |  |  |

Date

Date **January 8, 2016** 

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| Fill i        | n this inform                                     | nation to identify you                     | r case:  |                                    |  |                                    |
|---------------|---|--|--|------------------------------------|--|------------------------------------|
| Debt          |   | Justin R Frosch                            |  |                                    |  |                                    |
| 200           | .01 1   | First Name                                 | Middle Name  | Last Name                          |  |                                    |
| Debt<br>(Spou | tor 2<br>se if, filing)                           | First Name                                 | Middle Name  | Last Name                          |  |                                    |
|               |   | nkruptcy Court for the:                    | NORTHERN DISTRICT O  | OF ILLINOIS                        |  |                                    |
|               |   | mapley Court for the                       |  |                                    |  |                                    |
| (if kno       | e number  |  |  |                                    | _  | Check if this is an mended filing  |
|               | icial For   |  | Affairs for Individ  | duals Filing for B                 | ankruntov  | 40/4                               |
|               |   |  | Affairs for Individ  |                                    |  | 12/1                               |
| infori        | mation. If m                                      | ore space is needed,                       | attach a separate sheet to   |                                    | equally responsible for sup<br>additional pages, write you |                                    |
|               |   | ). Answer every ques                       |  |                                    |  |                                    |
| Part          | 1: Give D   | etails About Your Ma                       | rital Status and Where You   | Lived Before                       |  |                                    |
| 1. \          | What is your                                      | current marital statu                      | is?  |                                    |  |                                    |
|               | <ul><li>☐ Married</li><li>■ Not married</li></ul> | ried                                       |  |                                    |  |                                    |
| <b>2.</b>     | During the la                                     | ıst 3 years, have you                      | lived anywhere other than  | where you live now?                |  |                                    |
|               | ■ No  |  |  |                                    |  |                                    |
|               | _   | t all of the places you l                  | ived in the last 3 years. Do no  | ot include where you live now      | <i>ı</i> .   |                                    |
|               | Debtor 1 Pri                                      | or Address:                                | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                  | dress:   | Dates Debtor 2<br>lived there      |
| 3. 1          | Within the la                                     | st 8 years, did you ev                     | er live with a spouse or led   | al equivalent in a commun          | ity property state or territory                            | ? (Community property              |
|               |   |  |  |                                    | co, Texas, Washington and V                                |                                    |
|               | ■ No  |  |  |                                    |  |                                    |
|               | ☐ Yes. Ma   | ke sure you fill out Scl                   | nedule H: Your Codebtors (Of   | fficial Form 106H).                |  |                                    |
| Part          | 2 Explain   | n the Sources of You                       | r Income   |                                    |  |                                    |
|               | Fill in the tota                                  | I amount of income yo                      | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-    |  | ndar years?                        |
|               | □ No  |  |  |                                    |  |                                    |
|               | _   | in the details.                            |  |                                    |  |                                    |
|               |   |  | Debtor 1   |                                    | Debtor 2   |                                    |
|               |   |  | Sources of income  | Gross income                       | Sources of income  | Gross income                       |
|               |   |  | Check all that apply.  | (before deductions and exclusions) | Check all that apply.                                      | (before deductions and exclusions) |
|               |   | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$1,696.00                         | ☐ Wages, commissions, bonuses, tips                        |                                    |
|               |   |  | ☐ Operating a business   |                                    | ☐ Operating a business                                     |                                    |

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Case number (if known) Debtor 1 Justin R Frosch

|   |   |  |  | Debtor 1   |  | Debtor 2  |            |   |  |  |
|---|---|--|--|--|--|---|------------|---|--|--|
|   |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions an<br>exclusions) | Sources of ind   |  | Gross income<br>(before deductions<br>and exclusions) |            |   |  |  |
| For last calendar year:<br>(January 1 to December 31, 2015) |   |  | 31, 2015 )   | ■ Wages, commissions, bonuses, tips  | \$30,528.0   | 00 ☐ Wages, co  |            |   |  |  |
|   |   |  |  | ☐ Operating a business   |  | ☐ Operating   | a business |   |  |  |
|   |   |  |  | ☐ Wages, commissions, bonuses, tips  | \$205.0  | D2  |            |   |  |  |
|   |   |  |  | Operating a business   |  | ☐ Operating   | a business |   |  |  |
|   |   | dar year be<br>December                    |  | ■ Wages, commissions, bonuses, tips  | \$69,784.0   | DO Wages, co  |            |   |  |  |
|   |   |  |  | Operating a business   |  | ☐ Operating   | a business |   |  |  |
|   | ■ No  | source and                                 | -  | ome from each source separa  | tely. Do not include incor                           | me that you listed in                                 | line 4.    |   |  |  |
|   |   |  |  | Debtor 1   |  | Debtor 2  |            |   |  |  |
|   |   |  |  | Sources of income Describe below   | Gross income<br>(before deductions an<br>exclusions) | Sources of i  |            | Gross income<br>(before deductions<br>and exclusions) |  |  |
| Par   | rt 3: Lis   | t Certain Pa                               | ıyments You  | ı Made Before You Filed for  | ,  |   |            | ,   |  |  |
| 6.  | Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?  No. Go to line 7.  Yes List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. |  |  |  |  |   |            |   |  |  |
|   | ■ Yes.  |  |  | btor 2 or both have primarily consumer debts.  ays before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |  |   |            |   |  |  |
|   |   | ■ No.                                      | Go to line   | 7.   |  |   |            |   |  |  |
|   |   | □ Yes                                      | include pay  | each creditor to whom you pa<br>/ments for domestic support o<br>r this bankruptcy case.   |  |   |            |   |  |  |
|   | Creditor'   | 's Name an                                 | d Address  | Dates of payme   | ent Total amount                                     | t Amount you  | Was this   | payment for   |  |  |

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| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                             |                                 |                      |                         |              |  |  |
|-----|---|-----------------------------|---------------------------------|----------------------|-------------------------|--------------|--|--|
|     | No  |                             |                                 |                      |                         |              |  |  |
|     | Yes. List all payments to an insider  |                             |                                 |                      |                         |              |  |  |
|     | Insider's Name and Address  | Dates of payment            | Total amount paid               | Amount you still owe | Reason for this payment |              |  |  |
| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.   |                             |                                 |                      |                         |              |  |  |
|     | ■ No □ Yes. List all payments to an insider   |                             |                                 |                      |                         |              |  |  |
|     | Insider's Name and Address  | Dates of payment            | Total amount                    | Amount you           |                         | this payment |  |  |
|     |   |                             | paid                            | still owe            | Include cred            | ntor's name  |  |  |
| Pai | rt 4: Identify Legal Actions, Repossession  | ns, and Foreclosures        |                                 |                      |                         |              |  |  |
| 9.  | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.  |                             |                                 |                      |                         |              |  |  |
|     | Yes. Fill in the details.   |                             |                                 |                      |                         |              |  |  |
|     | Case title Case number  | Nature of the case          | ure of the case Court or agency |                      | Status of the case      |              |  |  |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.  |                             |                                 |                      |                         |              |  |  |
|     | <ul><li>No</li><li>Yes. Fill in the information below.</li></ul>  |                             |                                 |                      |                         |              |  |  |
|     | Creditor Name and Address   | Describe the Property       |                                 | Date                 |                         | Value of the |  |  |
|     |   | Explain what happened       |                                 |                      |                         | property     |  |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  |                             |                                 |                      |                         |              |  |  |
|     | Creditor Name and Address   | Describe the action the     | creditor took                   | Date a               | action was              | Amount       |  |  |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  |                             |                                 |                      |                         |              |  |  |
|     | No  |                             |                                 |                      |                         |              |  |  |
|     | ☐ Yes   |                             |                                 |                      |                         |              |  |  |
| Pai | tt 5: List Certain Gifts and Contributions  |                             |                                 |                      |                         |              |  |  |
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.  | tcy, did you give any gifts | with a total value              | of more than \$600   | per person'             | ?            |  |  |
|     | Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600  | Describe the gifts          |                                 | Dates                | you gave                | Value        |  |  |
|     | per person  | besoning the gifts          |                                 | the gi               |                         | value        |  |  |
|     | Person to Whom You Gave the Gift and  |                             |                                 |                      |                         |              |  |  |

Address:

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Do not include any payment or transfer that you listed on line 16.

Nο

Yes. Fill in the details.

Person Who Was Paid Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

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Debtor 1 **Justin R Frosch** 

| 18.  | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |  |   |   |   |                         |      |  |
|------|---|--|---|---|---|-------------------------|------|--|
|      | ☐ Yes. Fill in the details.   |  |   |   |   |                         |      |  |
|      | Person Who Received Transfer Address  |  | Description and value of property transferred     |   | ibe any property or<br>ents received or debts<br>n exchange | Date transfer w made    | as   |  |
|      | Person's relationship to you  |  |   |   | J   |                         |      |  |
| 19.  | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No   |  |   |   |   |                         |      |  |
|      | ☐ Yes. Fill in the details.   |  |   |   |   |                         |      |  |
|      | Name of trust   | Description and  | Description and value of the property transferred |   |   | Date Transfer w         | ıas  |  |
| Pai  | rt 8: List of Certain Financial Accounts, In:   | struments. Safe Depos  | it Boxes, and St                                  | orage Unit                                | s   |                         |      |  |
| 1101 | List of Cortain Financial Accounts, in-   | our difference, our obepos   | it Boxes, and Ot                                  | orage onic                                | •   |                         |      |  |
| 20.  | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  |  |   |   |   |                         |      |  |
|      | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.   |  |   |   |   |                         |      |  |
|      | ■ No □ Yes. Fill in the details.  |  |   |   |   |                         |      |  |
|      | Name of Financial Institution and   | Last 4 digits of   | Type of accou                                     | unt or                                    | Date account was  | Last balaı              | 200  |  |
|      | Address (Number, Street, City, State and ZIP Code)  | account number instrument  |   | closed, sold,<br>moved, or<br>transferred |   | before closing<br>trans | j or |  |
| 21.  | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  No  |  |   |   |   |                         |      |  |
|      | Yes. Fill in the details.   |  |   |   |   |                         |      |  |
|      | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |   | Describe                                  | the contents  | Do you still have it?   |      |  |
| 22.  | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy  |  |   |   |   |                         |      |  |
|      | ■ No  |  |   |   |   |                         |      |  |
|      | Yes. Fill in the details.   |  |   |   |   |                         |      |  |
|      | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |   | Describe                                  | the contents  | Do you still have it?   |      |  |
| Pai  | rt 9: Identify Property You Hold or Control   | I for Someone Fise   |   |   |   |                         |      |  |
| ı u  | identify Property Fourtions of Control  | To Comcone Lise  |   |   |   |                         |      |  |
| 23.  | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  |  |   |   |   |                         |      |  |
|      | ■ No □ Yes. Fill in the details.  |  |   |   |   |                         |      |  |
|      | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City,<br>Code)                  |   | Describe                                  | the property  | Va                      | lue  |  |
| Pai  | rt 10: Give Details About Environmental Info  | ormation   |   |   |   |                         |      |  |
|      | the number of Port 40, the fellowing definiti   | iono anniv   |   |   |   |                         |      |  |
| −or  | the purpose of Part 10, the following definiti  | ions apply:  |   |   |   |                         |      |  |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Case 16-00578 Doc 1 Filed 01/08/16 Entered 01/08/16 15:19:18 Desc Main Page 37 of 54 Case number (if known) Document

Debtor 1 **Justin R Frosch** 

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

|     | nazardo  | is material, pollutant, contaminant,   | or similar term.  |                 |  |                    |  |  |
|-----|--|--|---|-----------------|--|--------------------|--|--|
| Rep | ort all not  | ices, releases, and proceedings the  | at you know about, regardless of wher                                     | they occurred   | i.   |                    |  |  |
| 24. | Has any  | governmental unit notified you that  | you may be liable or potentially liable                                   | under or in vio | olation of an environm   | ental law?         |  |  |
|     | ■ No<br>□ Yes  | . Fill in the details.   |   |                 |  |                    |  |  |
|     | Name of Address  | f site<br>5 (Number, Street, City, State and ZIP Code)                                 | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) |                 | ental law, if you  | Date of notice     |  |  |
| 25. | Have you   | ı notified any governmental unit of  | any release of hazardous material?  |                 |  |                    |  |  |
|     | ■ No<br>□ Yes  | . Fill in the details.   |   |                 |  |                    |  |  |
|     | Name of Address  | f site<br>6 (Number, Street, City, State and ZIP Code)                                 | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) |                 | ental law, if you  | Date of notice     |  |  |
| 26. | Have you   | ı been a party in any judicial or adn  | ninistrative proceeding under any envi                                    | ronmental law   | ? Include settlements  | and orders.        |  |  |
|     | ■ No<br>□ Yes  | . Fill in the details.   |   |                 |  |                    |  |  |
|     | Case Tit   |  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the   | case   | Status of the case |  |  |
| Par | t 11: Giv  | ve Details About Your Business or  | Connections to Any Business   |                 |  |                    |  |  |
| 27. | Within 4   | years before you filed for bankrupt  | cy, did you own a business or have an                                     | y of the follow | ing connections to any   | y business?        |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  |  |   |                 |  |                    |  |  |
|     |  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) |   |                 |  |                    |  |  |
|     | ☐ A partner in a partnership   |  |   |                 |  |                    |  |  |
|     |  | n officer, director, or managing ex  | ecutive of a corporation  |                 |  |                    |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |   |                 |  |                    |  |  |
|     | ■ No. None of the above applies. Go to Part 12.  |  |   |                 |  |                    |  |  |
|     | ☐ Yes  | Yes. Check all that apply above and fill in the details below for each business.       |   |                 |  |                    |  |  |
|     | Busines  |  | Describe the nature of the business                                       |                 | Employer Identification number   |                    |  |  |
|     |  |  | Name of accountant or bookkeeper  |                 | Do not include Social Security number or ITIN.  Dates business existed |                    |  |  |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |  |   |                 |  |                    |  |  |
|     | ■ No   |  |   |                 |  |                    |  |  |
|     |  | Fill in the details below.   |   |                 |  |                    |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)  |  |   |                 |  |                    |  |  |
| Dav | 4.40. Gid  | Dalaw  |   |                 |  |                    |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

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Debtor 1 Justin R Frosch

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Justin R Frosch Signature of Debtor 2 Justin R Frosch Signature of Debtor 1 Date January 8, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this informat                  | ion to identify your o                   | ase:                  |  |  |
|--|--|-----------------------|--|--|
| Debtor 1                               | Justin R Frosch                          |                       |  |  |
| Debtor 2                               | First Name                               | Middle Name           | Last Name  |  |
|  | First Name                               | Middle Name           | Last Name  |  |
| United States Bankı                    | ruptcy Court for the:                    | NORTHERN DIST         | RICT OF ILLINOIS   |  |
| Case number                            |  |                       |  |  |
| (if known)                             |  |                       |  | ☐ Check if this is an amended filing                   |
|  |  |                       |  | amended ming   |
| Official Forn                          | n 108                                    |                       |  |  |
|  |  | n for Indiv           | iduals Filing Under Chapt  | ter 7  |
| Otatoment                              | Of interitio                             | ii ioi iiidiv         | iddaio i iiiig Oridor Oridpi   | 12/13  |
|  | lual filing under chap                   |                       | out this form if:  |  |
| _                                      | laims secured by you                     |                       | st avaired   |  |
| You must file this fo                  |  | ithin 30 days after y | or expired.  you file your bankruptcy petition or by the date settime for cause. You must also send copies to t                                    |  |
|  | le are filing together<br>date the form. | in a joint case, bot  | h are equally responsible for supplying correct  | information. Both debtors must                         |
|  | l accurate as possible name and case num |                       | needed, attach a separate sheet to this form. Or   | n the top of any additional pages,                     |
| Part 1: List Your                      | Creditors Who Have                       | Secured Claims        |  |  |
| 1. For any creditors information below |  | rt 1 of Schedule D:   | Creditors Who Have Claims Secured by Proper  | ty (Official Form 106D), fill in the                   |
| Identify the credit                    | tor and the property th                  | nat is collateral     | What do you intend to do with the property the secures a debt?   | at Did you claim the property as exempt on Schedule C? |
|  |  |                       | Secures a dest.  | as exempt on concaute o.                               |
| Creditor's Wff                         | Auto                                     |                       | ☐ Surrender the property.  | □ No   |
| name:                                  |  |                       | Retain the property and redeem it.   |  |
| Description of                         | 2004 Honda Pilot 1                       | 05,000 miles          | Retain the property and enter into a<br>Reaffirmation Agreement.   | ■ Yes  |
| property                               |  | ·                     | ☐ Retain the property and [explain]:   |  |
| securing debt:                         |  |                       |  |  |
|  | Unexpired Personal                       |                       |  |  |
| in the information b                   | elow. Do not list rea                    | l estate leases. Une  | n Schedule G: Executory Contracts and Unexpirexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p | the lease period has not yet ended.                    |
| Describe your une                      | xpired personal prop                     | erty leases           |  | Will the lease be assumed?                             |
| Lessor's name:                         | John Heskin                              |                       |  | □ No   |
|  |  |                       |  | ■ Yes  |
| Description of lease                   | d <b>Debtor nove ¢</b>                   | 1300 monthly (wr      | itten lease) for anartment. Debter is  |  |
| Property:                              | Tenant.                                  | 1300 monthly (Wr      | itten lease) for apartment. Debtor is  |  |
|  |  |                       |  |  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| B8 (F | Form 8) (12 | 2/08)   | Page 2  |
|-------|-------------|---|---|
| Par   | t 3: Sig    | gn Below  | -   |
|       |             | y of perjury, I declare that I have indica<br>is subject to an unexpired lease. | ted my intention about any property of my estate that secures a debt and any personal |
| Χ     | /s/ Jus     | tin R Frosch  | X   |
|       | Justin      | R Frosch  | Signature of Debtor 2   |
|       | Signatu     | re of Debtor 1  |   |
|       | Date        | January 8, 2016   | Date  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankru

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-00578 Doc 1 Filed 01/08/16 Entered 01/08/16 15:19:18 Desc Main Document Page 45 of 54

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Illinois

| In r | Justin R Frosch  |                                     | Case No.                |                       |                 |
|------|--|-------------------------------------|-------------------------|-----------------------|-----------------|
|      |  | Debtor(s)                           | Chapter                 | 7                     |                 |
|      | DISCLOSURE OF COMPENS  | SATION OF ATTO                      | RNEY FOR DE             | EBTOR(S)              |                 |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of contemplation.  | of the petition in bankruptc        | y, or agreed to be paid | to me, for services   |                 |
|      | For legal services, I have agreed to accept  |                                     | \$                      | 1,397.00              |                 |
|      | Prior to the filing of this statement I have received  |                                     |                         | 500.00                |                 |
|      | Balance Due  |                                     |                         | 897.00                |                 |
| 2.   | The source of the compensation paid to me was:   |                                     |                         |                       |                 |
|      | ■ Debtor □ Other (specify):  |                                     |                         |                       |                 |
| 3.   | The source of compensation to be paid to me is:  |                                     |                         |                       |                 |
|      | ■ Debtor □ Other (specify):  |                                     |                         |                       |                 |
| 4.   | ■ I have not agreed to share the above-disclosed compens   | sation with any other perso         | n unless they are mem   | bers and associates   | of my law firm. |
|      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names   |                                     |                         |                       | law firm. A     |
| 5.   | In return for the above-disclosed fee, I have agreed to rende  | er legal service for all aspe       | cts of the bankruptcy   | case, including:      |                 |
|      | <ul><li>a. Analysis of the debtor's financial situation, and renderin</li><li>b. Preparation and filing of any petition, schedules, statem</li><li>c. Representation of the debtor at the meeting of creditors</li><li>d. [Other provisions as needed]</li></ul> | ent of affairs and plan which       | ch may be required;     | -                     | kruptcy;        |
| 6.   | By agreement with the debtor(s), the above-disclosed fee de  | oes not include the following       | ng service:             |                       |                 |
|      |  | CERTIFICATION                       |                         |                       |                 |
|      | I certify that the foregoing is a complete statement of any aspankruptcy proceeding.   | greement or arrangement for         | or payment to me for i  | representation of the | debtor(s) in    |
| ١.   | January 8, 2016  | /s/ Jessica Bent                    | z Holauin               |                       |                 |
| . —  | Date   | Jessica Bentz H                     | olguin 6295877          |                       |                 |
|      |  | Signature of Attorr Bentz Holguin L |                         |                       |                 |
|      |  | 100 North LaSal                     |                         |                       |                 |
|      |  | Suite 812                           | 00                      |                       |                 |
|      |  | Chicago, IL 6060<br>312.881.5112 F  | oz<br>ax: 312.881.5131  |                       |                 |
|      |  |                                     | zHolguinLaw.com         |                       |                 |
|      |  | Name of law firm                    |                         |                       |                 |



Main Office Location.

100 N. LaSalle Street, Suite 812

Chicago, Illinois 60602 Ph: 312.881.5112 Fax: 312.881.5131

### LEGAL SERVICES CONTRACT FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of BENTZ HOLGUIN LAW FIRM, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation **DOES NOT INCLUDE** defending my interests in any adversary proceeding filed against me, representing my interests at a 2004 examination, nor does this representation cover state court proceedings or criminal litigation.

The attorney fees stated above do not include representation in any:

- Post-petition motion;
- Dischargeability action;
- Judicial Lien avoidance;
- · Relief form stay action;
- Trustee Audits; or
- Any adversary proceedings.

I understand that these fees must be paid before such work will be completed. I acknowledge and agree that as the above additional fees constitute post-petition services, they are not dischargeable in my Chapter 7 case.

I also understand that, unless otherwise agreed, my Chapter 7 bankruptcy case will not be filed until I pay the attorney fees in full. As BENTZ HOLGUIN LAW FIRM, LLC will begin to work on my file immediately after entering into this contract; I understand that any and all funds paid are not refundable.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay the balance of any unpaid fees to BENTZ HOLGUIN LAW FIRM, LLC. Any fees owing to BENTZ HOLGUIN LAW FIRM, LLC and not paid as of the filing of the bankruptcy may be discharged in the bankruptcy and may not be collected by BENTZ HOLGUIN LAW FIRM, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay unpaid fees for the remainder of my representation in consideration of services to be performed by BENTZ HOLGUIN LAW FIRM, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, BENTZ HOLGUIN LAW FIRM, LLC reserves the right to withdraw representation in the event that I do not sign a second retainer after filing my case promising to pay said fees or in the event that I do not pay said fees.

I understand that any funds that I am tendering to BENTZ HOLGUIN LAW FIRM, LLC as part of this advance payment retainer shall immediately become the property of BENTZ HOLGUIN LAW FIRM, LLC in exchange for a commitment by BENTZ HOLGUIN LAW FIRM, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by BENTZ HOLGUIN LAW FIRM, LLC and will be used for general expenses of the firm. I further understand that it is ordinarily my option to deposit funds with an attorney that shall remain my

property as security for future services. However, BENTZ HOLGUIN LAW FIRM, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy case requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while others may be only ministerial in nature. I further understand that the benefit that I am receiving under this fee arrangement is the commitment of BENTZ HOLGUIN LAW FIRM, LLC to perform any and all work reasonably necessary to file my case absent any extraordinary circumstances.

As BENTZ HOLGUIN LAW FIRM, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with BENTZ HOLGUIN LAW FIRM, LLC. This includes, but is not limited to, providing BENTZ HOLGUIN LAW FIRM, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that BENTZ HOLGUIN LAW FIRM, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.\*

I also understand that, if I am re-filing a case with BENTZ HOLGUIN LAW FIRM, LLC, and an audit of the previous case(s) indicate that remaining attorney fees are owed, any initial funds I pay to re-file will first be applied to the balance owed on the previous case(s). If client breaches this agreement, client will be responsible for all costs associated with enforcing the terms of this contract including but not limited to court costs and attorney fees.

#### **CHAPTER 7 DISCLAIMERS**

- 1. I understand that BENTZ HOLGUIN LAW FIRM, LLC has pulled a credit report, but that said credit report does not report every debt I owe. I understand that it is my responsibility to provide all my debts to BENTZ HOLGUIN LAW FIRM, LLC to list in my bankruptcy. I further understand that should I wish to add/amend my list of creditors after the case is filed, there is a \$150.00 amendment fee.
- 2. In the event of a payment plan with my attorney for services rendered, I agree that all payments for the Attorney fees shall be made on the scheduled date per the payment plan entered for legal services. In the event of a defaulted payment failure to reschedule a new date of payment within 48 hours will result in full payment for the balance owed prior to the voluntary petition being filed.
- 3. In the event of a defaulted or requested delay in a payment after the date of filing, I agree to an additional fee of \$150.00. Furthermore, I agree to reschedule the defaulted or postponed payment within no more than ten (10) business days from the original contractual pay date.
- 4. I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to BENTZ HOLGUIN LAW FIRM, LLC all my debts, sources of income, assets, personal property, real estate, transfers of real estate or any property over the past 4 years, and all expenses I have.
- 5. I agree that I will attend my creditors meeting at the time, date, and location that will be mailed to me by the Bankruptcy Court. That at this meeting I will bring my driver's license or State ID, my social security card, and a recent pay stub if I am working. That failure of me to attend this meeting is grounds for my case to be dismissed. I also understand that failure to bring said requested documents to the meeting could be grounds for the meeting to not be held. I understand that if I fail to provide my attorney at least forty-eight hour (48) prior notice that I cannot attend my first scheduled 341 meeting of creditors, that I will be responsible for paying an additional fee to reschedule the meeting in the amount of \$150.00 to my attorney.
- 6. I understand and agree to complete my 2nd credit counseling exit course within 45 days of my original 341 meeting date, and submit a copy of the certificate showing I completed this to my attorney. I also understand that failure to complete this 2nd course and submit it to my attorney can be grounds to have my case close without a discharge. I understand that if my case closes without a discharge, that additional fees would have to be paid to BENTZ HOLGUIN LAW FIRM, LLC to re-open my case to file the 2nd credit-counseling course. I understand that I must contact one of the Chapter 7 attorneys to confirm receipt of the certificate.

- 7. If I have a garnishment coming out of my paycheck, I agree and understand that it is my responsibility to provide to my payroll department with proof of my bankruptcy to stop wage garnishments. It is also my responsibility to contact the garnishing creditor and provide them with proof of filing.
- 8. If a garnishment or voluntary deduction is coming out of my bank account, I agree that it is my responsibility to contact my bank to stop said deduction or garnishment by providing proof of bankruptcy, or requesting my bank to close my account and open a new account.
- 9. I understand that I must have filed my federal and state taxes for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed.
- 10. I understand that the Trustee may request that I provide some or all of tax refunds to be distributed to my creditors through the Bankruptcy Estate. Furthermore, I understand failure to tender my tax refunds to the Trustee after a request to do so, is grounds for a denial or reversal of a Discharge order.
- 11. I agree that I authorized BENTZ HOLGUIN LAW FIRM, LLC to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules.
- 12. I understand that failure to tender the requested documentation necessary to build the petition to BENTZ HOLGUIN LAW FIRM, LLC which includes but is not limited to: signed contract, declaration of filing if applicable, intake form, taxes for the two years prior to filing, and pay stubs for the 6 months prior to filing as well as two months of bank statements if applicable, within 90 days of the entry of this contract will result in the closure of my case as inactive and representation terminated. I understand that in order for my representation to resume, I must provide my attorney an additional \$350.00 fee.
- 13. I agree and understand that Legal Representation is terminated upon receipt of my Discharge Order.
- 14. I understand that I am entitled to one (1) copy of my Discharge Order from my Attorney. Should I require additional copies of my Discharge Order, there is a \$50.00 fee for each additional copy of the Discharge Order.
- 15. I understand that the entire firm of BENTZ HOLGUIN LAW FIRM, LLC represents me and that while a different attorney might have counseled me and prepared my case that once my case is filed, one of the attorneys at BENTZ HOLGUIN LAW FIRM, LLC will be assigned as my attorney for the remainder of my case.
- 16. I understand that any assets, real property, cash, expected tax refunds, or personal property that has equity which cannot be exempted is subject to liquidation by the Chapter 7 Trustee.
- 17. I understand that if I have any secured debt which I wish to keep such as mortgagees), automobiles, home equity loan(s), etc, that my creditor(s) have to offer me a reaffirmation agreement, which must be signed and filed with the court before my case discharges. I also understand that for my creditor(s) to offer me a reaffirmation agreement I must be current on my monthly payment. I also understand that a reaffirmation agreement is solely offered at the discretion of the creditor and even if I am current a reaffirmation agreement still may not be offered to me.
- 18. I understand that even if I am current on my car note(s), if I do not have a reaffirmation agreement(s) offered to me by my automobile finance company(s), that I may not be able to keep my vehicle and it can be repossessed.
- 19. I understand that it is my responsibility to make sure that the creditor actually gets the reaffirmation to my attorney and my responsibility to make sure the reaffirmation agreement is timely filed before my discharge.
- 20. I understand that the bankruptcy judge will review my budget when approving or denying the reaffirmation agreement and that it is possible that the judge may determine that the reaffirmation is not in my best interest.
- 21. I understand that, once effective, any reaffirmation agreement that I sign will then make the debt survive bankruptcy and be non-dischargeable.

- 22. I understand that the scope of representation from BENTZ HOLGUIN LAW FIRM, LLC does not extend to credit repair.
- 23. I understand that if I have made any recent credit card transactions, cash advances, or incurred loans during the 3 month period prior to my bankruptcy, that particular creditor may bring an adversary lawsuit against me in bankruptcy court. An adversary is a lawsuit in which a creditor asks the court to make a certain debt non-dischargeable. I understand that if I want BENTZ HOLGUIN LAW FIRM, LLC to represent me in an adversary I must pay additional attorney's fees.
- 24. I understand that either party may terminate representation prior to or after filing the Bankruptcy by providing written notification of the intent to terminate such representation. I further understand that the BENTZ HOLGUIN LAW FIRM, LLC is entitled to any fees, pro-rated, based on the amount of work completed up to the date the intent to terminate is received by the terminated party. The pro-rated fee for work completed \$250.00 per hour.
- 25. I have disclosed all prior bankruptcies that I have filed in the last eight (8) years. I further understand that if I have filed a Chapter 7 bankruptcy in the last eight (8) years, I am not eligible to file a Chapter 7 right now.
- 26. I understand that the scope of representation from BENTZ HOLGUIN LAW FIRM, LLC does not extend to representing me in a 2004 examination. That if representation in a 2004 examination is needed, that I would need to separately retain BENTZ HOLGUIN LAW FIRM, LLC; this will require paying additional attorney fees.
- 27. I understand to be eligible for a Chapter 7, that I cannot have any disposable income after paying all my monthly expenses, and I also have to pass the BC22 test, and that if I do have a significant amount of disposable income available or I fail the BC22 test that I may be ineligible for a Chapter 7.
- 28. I understand that if I do have any disposable income and we attempt to rebut the presumption, the United States Trustee may deem my case an abuse and I may have to convert to a Chapter 13 or let my case be dismissed.
- 29. I understand and acknowledge that when I surrender a property through my Chapter 7 bankruptcy that the property is still my responsibility until it is sold at a foreclosure sale and I must keep up the property insurance and maintenance of said property until the sale date. I understand that, if I neglect to maintain the property and am assessed city code violations, I will be responsible to pay those fines. Further, I must continue to pay homeowners and association fees after the bankruptcy is filed until the property is sold. If I do not pay these fees the Association can sue me for the balance of unpaid fees from the filing of the bankruptcy until the property is sold.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by BENTZ HOLGUIN LAW FIRM, LLC or an agent thereof.

| Client  | JEMAC  | Client |
|---------|--------|--------|
| Date: _ | 1/4/16 |        |

#### \* DISCLAIMER\*

The creditors listed in your bankruptcy petition will receive notice of your bankruptcy filing from the Clerk of the United States Bankruptcy Court. Please be advised that it will be several days before these creditors receive the notice. Therefore, if you are concerned about a particular creditor taking immediate action against you, contact this creditor directly and provide the creditor with a copy of your Notice of Bankruptcy Filing. This is especially important if you are at risk of having you vehicle repossessed, real estate foreclosed, or wages garnished.

#### You are notified:

- 1. All information that you are required to provide with a petition and thereafter during a case under the Bankruptcy Code is required to be complete, accurate, and truthful.
- 2. All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case. Some places in the Bankruptcy Code require that you list the replacement value of each asset. This must be the replacement value of the property at the date of filing the petition, without deducting for costs of sale or marketing, established after a reasonable inquiry. For property acquired for personal, family, or household use, replacement value means the price a retail merchant would charge for property of that kind, considering the age and condition of the property.
- 3. The following information, which appears on Official Form 22, Statement of Current Monthly Income, is required to be stated after reasonable inquiry: current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of the Bankruptcy Code, disposable income (determined in accordance with section 707(b)(2)).
- 4. Information that you provide during your case may be audited pursuant to provisions of the Bankruptcy Code. Failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.

### IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST.

Ask to see the contract before you hire anyone. The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of the creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

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Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

Please sign below to acknowledge that you have read and understood the disclosures set forth in this document entitled "Section 527 Disclosure."

| NAME JETAZ | DATE 1/4/16 |
|------------|-------------|
| NAME       | DATE        |

# **United States Bankruptcy Court**Northern District of Illinois

|       |  | _ (                                   |                               |                |
|-------|--|---------------------------------------|-------------------------------|----------------|
| In re | Justin R Frosch                            |                                       | Case No.                      |                |
|       |  | Debtor(s)                             | Chapter <b>7</b>              |                |
|       | VE   | CRIFICATION OF CREDITOR I             | MATRIX                        |                |
|       |  | Number o                              | of Creditors:                 | 12             |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred | litors is true and correct to | the best of my |
| Date: | January 8, 2016                            | /s/ Justin R Frosch Justin R Frosch   |                               |                |

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Barclays Bank Delaware Po Box 8801 Wilmington, DE 19899

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chase Card Services Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chase Card Services Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

Citibank Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

City of Chicago, Dept of Revenue Bureau of Parking-Bankruptcy 121 N. LaSalle Street, Rm 107A Chicago, IL 60602

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Illinois Department of Human Services 100 S. Grand Avenue East Springfield, IL 62762

Vanessa Lin 9330 Neenah Avenue Morton Grove, IL 60053

Wff Auto 301 W. Warner Rd. Tempe, AZ 85284